1.HealthNet Policy Number I038-000-122024528-01 2. Authorization Code:

2.Patient Name MUHAMMAD UMER ABBASI SHABBIR AHMED ABBASI

3.Patient Date of Birth & Sex 02-03-86(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0559492624

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

pain in front left side abdomen

o/e there is tenderness in left side of abdomen

pain in left iliac fossa

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiUnspecified renal colic, Generalized abdominal pain, Painful micturition, unspecified, Urinary tract infection, site not specified, Acute gastritis without bleeding ICD Code N23, R10.84, R30.9, N39.0, K29.00

12.Etiology:

13.In case of Injury:mode of Injury/place of Injury

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,SCOPINAL,Therapeutic Prophylactic/Dx Injection Subq/Im,CLOFEN ,Therapeutic Injection Iv Push Each New Drug,Free Follow-Up Consultation Of The Same Diagnosis Within 7 Days Of Initial Consultation By A General Practitioner.,Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.,Intramuscular injection,SCOPINAL,CLOFEN

CPT code85025,86140,0005-136504-1021,96372,0005-149902-1021,96375,9.01,9,96372,0005-136504-1021,0005-149902-1021

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

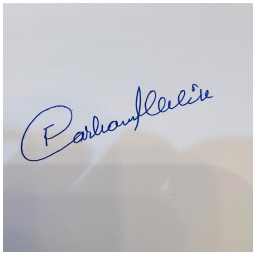
Code	Generic	Dosage	Duration	Instructions
6619-548302-0251	(SODIUM BICARBONATE : 1.76G) (SODIUM CITRATE ANHYDROUS : 0.63G) (TARTARIC ACID : 0.89G)	EFFERVESCENT GRANULES (4G X 10, SACHET)	5	Take 1sachet 2 Time(s) per Day For 5 Day(s) others

Code	Generic	Dosage	Duration	Instructions
	(CITRIC ACID ANHYDROUS : 0.715 G) EFFERVESCENT GRANULES			
0097-103202-0392	(CIPROFLOXACIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0005-136501-0393	(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0219-533801-0392	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) before meal

Date: 16-04-25(dd/mm/yy)

Doctor's Name Dr.Farhan Iyas

Signature and Stamp



Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

Physician Code DHA-P-6441782 HNM Code

Authorization

I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above mentioned examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medical condition or medical services and copies of all medical and hospital records.

A Photocopy or teletax copy of this authorization shall be considered effective any valid as the original

Date: 16-04-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)

NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae