1.HealthNet Policy Number I038-000-122082470-01 2. Authorization Code:

2.Patient Name ILHAM EL MISBAHO

3.Patient Date of Birth & Sex 01-05-02(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0563467029

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

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

7.Presenting Complaints:

PC : SEVRE PAIN IN SHOULDERS , RADIATIING TO ARMS STARED 20/04/25

SORE THROAT, FEVER

O/E : LOOK PALE

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisIntercostal pain, Pain, unspecified, Acute pharyngitis, unspecified, Fever, unspecified, Wheezing ICD Code R07.82, R52, J02.9, R50.9, R06.2

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBASIC WELLNESS PANEL,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. CPT code2,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

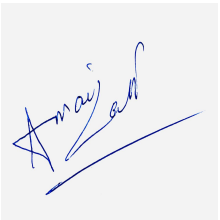
Code	Generic	Dosage	Duration	Instructions
2654-636101-0061	(STARFLOWER OIL : 100 MG) (EVENING PRIMROSE OIL : 100 MG) (VITAMIN D3 : 5 MCG) (VITAMIN E : 30 MG) (VITAMIN C : 60 MG) (THIAMINE (VITAMIN B1) : 10 MG) (RIBOFLAVINE (VITAMIN B2) : 5 MG) (NIACIN : 36 MG) (VITAMIN B6 : 10 MG) (FOLACIN : 400 MCG) (VITAMIN B12 : 20 MCG) (BIOTIN : 50 MCG) (PANTOTHENIC ACID : 6 MG) (VITAMIN K : 90 MCG) (NATURAL MIXED CAROTENOIDS : 2 MG) (IRON : 12 MG) (MAGNESIUM : 100 MG) (ZINC : 12 MG) (MANGANESE : 2.5 MG) (COPPER : 1.5 MG) (SELENIUM : 100 MCG) (CHROMIUM : 50 MCG) (PA	CAPSULES (30S, BLISTER)	30	Take 1Tablets 1Time(s) perDay For 30 Day(s) after meal
0027-142201-0832	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	3	Take 1sachet 1 Time(s) per Day For 3 Day(s) after meal
3819-373201-	(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED	3	Take 1Tablets 1 Time(s) per Day

Code	Generic	Dosage	Duration	Instructions
0391		TABLETS (30S, BLISTER)		For 3 Day(s) after meal

Date: 21-04-25(dd/mm/yy)

Doctor's Name DR Amaizah

Signature and Stamp



Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Physician Code DHA-P-98486553 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: 21-04-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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