1.HealthNet Policy Number I038-000-118863833-01 2. Authorization Code:

2.Patient Name AYESHA BABAR BABAR BASHIR

3.Patient Date of Birth & Sex 10-06-97(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0505884109

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

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

7.Presenting Complaints:

pc : severe bouts of cough with sputum causing nausea , vomitting strated

18/04/25

o/e : look pale , lethargic

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiCough variant asthma, Wheezing ICD Code J45.991, R06.2

12.Etiology:

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

14.Plan / Details of Management

a.Procedurenebulization with ventoline solution,PULMICORT,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,(CHLORPHENIRAMINE : 10 MG) INJECTION,Blood Count Complete Auto&Auto Difrntl Wbc Count,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

CPT code94640,0188-135906-2441,0125-122107-1022,0046-111801-0511,85025,9,96372

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
0118-114501-1161	(AMBROXOL : 15 MG/5ML) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	Take 10ML 2 Time(s) per Day For 5 Day(s) after meal
0188-135907-	(BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20,	3	Take 1Solution 2 Time(s) per Day For 3 Day(s) after

Code	Generic	Dosage	Duration	Instructions
2441		UNIT)		meal
0188-272103-0791	(BUDESONIDE : 160 MCG) (FORMOTEROL FUMARATE : 4.5 MCG) POWDER FOR INHALATION	POWDER FOR INHALATION (120 DOSE, METERED DOSE INHALER)	15	Take 2Puff 1 Time(s) per Day For 15 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) evening

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

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HealthNet