1.HealthNet Policy Number: I038-000-120193919-01 2. Authorization Code:

2.Patient Name: THU ZAR HUN

3.Patient Date of Birth & Sex: 12-07-91(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0582321476

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

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

7.Presenting Complaints:

o headache, sorethroat , fever low grade ,cough dry, nasal blockage started 18/04/25

oral intake is reduced due to odynophagia , weakness, lethargy , and dizinwess started

21/04/25

took panadol not improved

o/e: enlarge tonsills

hyperemic pharynx

chest is congested no added souunds

restless

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute tonsillitis, unspecified, Fever, unspecified, Headache, unspecified, Cough, Pain, unspecified, Dehydration, Weakness, Dizziness and giddiness

ICD Code J03.90, R50.9, R51.9, R05, R52, E86.0, R53.1, R42

12.Etiology:

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

14.Plan / Details of Management

a.Procedure CEFTRIAXONE-TABUK IV,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,LACTATED RINGER'S INJECTION USP,Administered intravenously,nebulization with ventoline solution,Intramuscular injection,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 code 0195-107704-0801,2190-106618-1001,0125-122107-1022,0005-149902-1021,85025,86140,0439-152905-1001,96365,94640,96372,9

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
0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 1Time(s) perDay For 5 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
6705-602505-3801	(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	5	Take 1Spray 2 Time(s) per Day For 5 Day(s) after meal
2027-719101-0391	(PARACETAMOL : 500 MG) (IBUPROFEN : 150 MG) (PHENYLEPHRINE HCL : 2.5 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) after meal
0397-116207-0391	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal

Date: 22-04-25(dd/mm/yy)

Signature and Stamp

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

Doctor's Name DR Amaizah

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: 22-04-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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