1.HealthNet Policy Number I038-000-121811640-01 2. Authorization Code:

2.Patient Name AHSAN AYYAZ MUHAMMAD YASIR

3.Patient Date of Birth & Sex 12-10-04(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0529657804

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

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

7.Presenting Complaints:

pc : rash and itching , on body arms and legs started 20/04/25 not improved iwth oral antihistamine

epigasric pain , cauisng bloating , loss of appetite ,

smoeks cigarettes

o/e ; look pale , lethargic , dehydrated

erthematou rash on legs arms and abdomen

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiRash and other nonspecific skin eruption, Acute gastritis without bleeding, Dehydration, Nonspecific low blood-pressure reading, Anorexia ICD Code R21, K29.00, E86.0, R03.1, R63.0

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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.,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CHLOROHISTOL 10MG,LACTATED RINGER'S INJECTION USP,Administered intravenously,Blood Count Complete Auto&Auto Difrntl Wbc Count,RISEK 40MG,Intramuscular injection,C-Reactive Protein,Iaad Eia Hpylori Stool,RISEK 40MG-(OMEPRAZOLE : 40 MG) POWDER FOR INFUSION

CPT code9,0125-122107-1022,0005-111805-1021,0439-152905-1001,96365,85025,0005-174202-0781,96372,86140,87338,0005-174202-0781

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

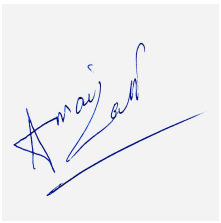
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0219-533801-0391	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, HDPE BOTTLE)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) morning empty stomach
2150-575201-1171	(CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) TABLETS	TABLETS (30S, BOX)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) after meal
0880-609601-0571	(CALAMINE : 15 G/100ML) (ZINC OXIDE : 5 G/100ML) (PHENOL : 0.5 G/100ML) (BENTONITE : 3 G/100ML) LOTION	LOTION (1S, PLASTIC BOTTLE)	5	APPLY ON RASHES and itchy areas

Code	Generic	Dosage	Duration	Instructions
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal

Date: 25-04-25(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: 25-04-25(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

HealthNet