1.HealthNet Policy Number I038-000-115900084-01 2. Authorization Code:

2.Patient Name LEEN MOHAMMAD FAROUQ OWEINEH

3.Patient Date of Birth & Sex 01-01-20(dd/mm/yy) ☐ Male ☑ Female

Mobile No.524675296

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

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

7.Presenting Complaints:

pain inear since today morning

nothing seen

in throat there is swelling of tonsills

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute actinic otitis externa, bilateral, Fever, unspecified ICD Code H60.513, R50.9

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. CPT code9

b.Laboratiry Test:

c.Radiology / Investigations:

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

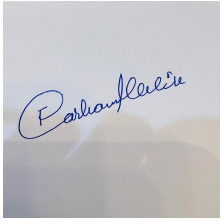
16.

PRESCRIPTION WITH DOSAGE & DURATION

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 0085-239201-0371 | (DEXAMETHASONE : 0.10%) (TOBRAMYCIN : 0.3%) EYE DROPS | EYE DROPS (5ML, DROPPER BOTTLE) | 5 | Take 1Drops 1 Time(s) per Day For 5 Day(s) evening |
| 0139-116421-2151 | (AMOXICILLIN : 125 MG/5ML) POWDER FOR SYRUP | POWDER FOR SYRUP (100ML, BOTTLE) | 5 | Take 4ML 2 Time(s) per Day For 5 Day(s) others |
| 0278-107904-1162 | (IBUPROFEN : 100 MG/5ML) SYRUP | SYRUP (100ML, PLASTIC BOTTLE) | 5 | Take 5ML 3 Time(s) per Day For 5 Day(s) others |

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

Signature and Stamp



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

Doctor's Name Dr.Farhan Iyas

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

Copy of NGI - Pharmacy

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

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HealthNet