1.HealthNet Policy Number I038-000-118627966-01 2. Authorization Code:

2.Patient Name SYED TAHIR ALI SEYED MUMTAZ ALI

3.Patient Date of Birth & Sex 03-04-81(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0522404631

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

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

7.Presenting Complaints:

PC: represented

still complaining of upper abdominal pain that radiates up to the chest and burning in nature, worst at night, worst when hungry.

Has been treated on several course of PPI but no relief.

Plan: refer to gastroenterologi

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute gastritis without bleeding, Abdominal distension (gaseous), Helicobacter pylori as the cause of diseases classd elswhr ICD Code K29.00, R14.0, B96.81

12.Etiology:

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

14.Plan / Details of Management

a.Procedure RISEK 40MG,Administered intravenously,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 code0005-174202-0781,96365,9

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
0053-148602-0391	(CLARITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) after meal
0139-116403-1451	(AMOXICILLIN : 500 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (20S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) after meal
0219-533801-0392	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) before meal

Date: 28-04-25(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: 28-04-25(dd/mm/yy) Signature of Insued / Claimint

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HealthNet