1.HealthNet Policy Number I038-000-116335104-01 2. Authorization Code:

2.Patient Name IHSSANE GARAA

3.Patient Date of Birth & Sex 23-06-90(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0566582634

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

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

7.Presenting Complaints:

px : ulcers in mouth , ulceration on gingiva , few lesions below tongue containinh pus , cauing severe pain and reduced intake orally leading to low bloood pressure , low energy , lethragy

o/e :

look anxious , and irritable due to pain

low bp

ulcers below tongue , poor oral hygiene

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiRash and other nonspecific skin eruption, Oral mucositis (ulcerative), unspecified, Pain, unspecified, Dehydration, Acute gastritis without bleeding, Hyperlipidemia, unspecified, Recurrent oral aphthae

ICD Code R21, K12.30, R52, E86.0, K29.00, E78.5, K12.0

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureDEXAMETHASONE SODIUM PHOSPHATE,CLOFEN ,LACTATED RINGER'S INJECTION USP,Administered intravenously,BASIC WELLNESS PANEL,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),Intramuscular injection

CPT code0125-122107-1022,0005-149902-1021,0439-152905-1001,96365,2,9.01,96372

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
0270-134501-1431	(CETALKONIUM CHLORIDE : N/A) (CHOLINE SALICYLATE : 8.7%) BUCCAL GEL	BUCCAL GEL (15G, TUBE)	7	Take 1Gel 1 Time(s) per Day For 7 Day(s) others
0201-124202-0341	(ASPIRIN : 75 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (56S, BLISTER PACK)	4	dissolve and gaurgle
1709-404803-0431	(BENZOCAINE : 10%) GEL	GEL (15G, PLASTIC TUBE)	7	Take 1Gel 1 Time(s) per Day For 7 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0219-533801-0392	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) morning empty stomach

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