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:

PT CAME WITH EPIGATRIC PAIN ALONG WITH HEART BURN AND ACID REFLUX FOR ONE MONTH

ALSO COMPLAIN OF BURNING MICTURATION

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute gastritis without bleeding, Heartburn, Gastro-esophageal reflux disease without esophagitis, Dehydration, Eosinophilic gastritis or gastroenteritis ICD Code K29.00, R12, K21.9, E86.0, K52.81

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.

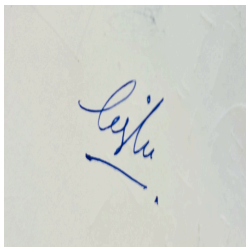
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
7024-037801-4021	(D-MANNOSE : 1.5 G) (EXOCYAN DRY CRANBERRY EXTRACT (VACCINIUM MACROCARPON) : 0.072 G) POWDER FOR ORAL SOLUTION	POWDER FOR ORAL SOLUTION (14X5G, SACHET)	4	Take 1Powder 1 Time(s) per Day For 4 Day(s) others
1516-151709-0081	(SIMETHICONE : 42 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others
1267-141614-1112	(ALUMINIUM HYDROXIDE : 225 MG/5ML) (SIMETHICONE : 25 MG/5 ML) (MAGNESIUM HYDROXIDE : 200 MG/5ML) SUSPENSION	SUSPENSION (180ML, PLASTIC BOTTLE)	10	Take 1Syrup 2 Time(s) per Day For 10 Day(s) others
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) others BEFORE MEAL

Date: 04-05-25(dd/mm/yy)

Doctor's Name AISHA

Signature and Stamp



Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Physician Code DHA-P-40131439 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: 04-05-25(dd/mm/yy) Signature of Insued / Claimint

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HealthNet