1.HealthNet Policy Number I038-000-118924630-01 2. Authorization Code:

2.Patient Name MERON AREGA KELEMEWORK

3.Patient Date of Birth & Sex 28-12-98(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0523619276

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

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

7.Presenting Complaints:

PC : HEAD CHE , BODYPAIN , WEAKNESS , HEAVY HEAD , JOINT PAIN , FEELING IRRITABLE ALL STRTAED AFTRER 2 MIONTHS OF FASTING

O/E : LOOK IEEITABLE , WEEK

DEHYDRATED

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Pain, unspecified, Dehydration, Low back pain, Muscle spasm of back, Nonspecific low blood-pressure reading ICD Code R52, E86.0, M54.5, M62.830, R03.1

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,LACTATED RINGER'S INJECTION USP,Administered intravenously,CLOFEN ,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Electrolyte Panel,VITAMIN D, INJECTION ,INJ-NEUROBION VITAMIN B GROUPS,INJECTION SERVICE-IM,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.,Intramuscular injection,LACTATED RINGER'S INJECTION USP,Administered intravenously CPT code 85025,86140,0439-152905-1001,96365,0005-149902-1021,0125-122107-1022,80051,INJ064,INJ014,96372,9,96372,0439-152905-1001,96365

b.Laboratiry Test:

c.Radiology / Investigations:

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

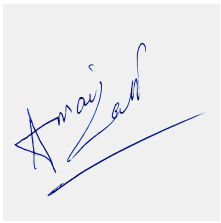
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
5283-009902-0581	(VITAMIN C (ASCORBIC ACID) : 60 MG) (ZINC SULPHATE : 5 MG) LOZENGES	LOZENGES (20S, TUBE)	20	Take 1Tablets 1 Time(s) per Day For 20 Day(s) after meal
0207-142901-1452	(CEFIXIME : 200 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (12S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0118-114501-1161	(AMBROXOL : 15 MG/5ML) SYRUP	SYRUP (100ML, GLASS BOTTLE)	7	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal
0320-148701-1171	(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal

Date: 06-05-25(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: 06-05-25(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