1.HealthNet Policy Number I038-000-118933628-01 2. Authorization Code:

2.Patient Name SHAMNAS KOTTAYIL YOUSEF YOUSEF

3.Patient Date of Birth & Sex 15-03-97(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0545479458

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

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

7.Presenting Complaints:

follow up

PT CAME WITH FEVER AND DIARRHEA 8 EPIISODES SINCE MORNING

crp high

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiBacterial foodborne intoxication, unspecified, Diarrhea, unspecified ICD Code A05.9, R19.7

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureAdministered intravenously,CEFTRIAXONE-TABUK IV,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),(METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION,PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,Intramuscular injection CPT code96365,0195-107704-0801,9.01,0002-116601-1001,0005-150403-1021,96372

b.Laboratiry Test:

c.Radiology / Investigations:

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

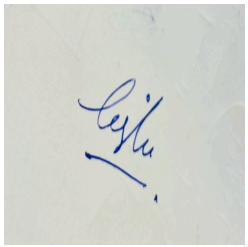
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
3114-482003-0391	(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 08-05-25(dd/mm/yy)

Signature and Stamp



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

Doctor's Name AISHA

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: 08-05-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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