1.HealthNet Policy Number I038-000-115298319-01 2. Authorization Code:

2.Patient Name MOSES MIGADDE

3.Patient Date of Birth & Sex 01-02-90(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0524582767

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 throat pain fever cough for one day .

oe tonsils are hyperemic

chest is clear

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute tonsillitis, unspecified, Fever, unspecified, Pain, unspecified, Cough ICD Code J03.90, R50.9, R52, R05

12.Etiology:

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

14.Plan / Details of Management

a.Procedure9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),Administered intravenously,Intramuscular injection,CEFTRIAXONE-TABUK IV,DEXAMETHASONE SODIUM PHOSPHATE,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,C-Reactive Protein,Blood Count Complete Auto&Auto Difrntl Wbc Count CPT code9.01,96365,96372,0195-107704-0801,0125-122107-1022,2190-106618-1001,86140,85025

b.Laboratiry Test:

c.Radiology / Investigations:

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

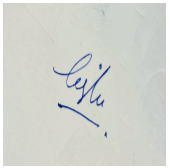
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0397-116207-0391	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0005-107001-0052	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0005-116801-1161	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	5	Take 1Syrup 2 Time(s) per Day For 5 Day(s) others

Date: 09-05-25(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: 09-05-25(dd/mm/yy) Signature of Insued / Claimint

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