1.HealthNet Policy Number I038-000-113991289-01 2. Authorization Code:

2.Patient Name Soumia Benraqqouch

3.Patient Date of Birth & Sex 10-04-88(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0503516005

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

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

7.Presenting Complaints:

: COUGH WHICH IS PRODUCTIVE , GREENISH SPUTUM ,fever high grade bodypain , nausea

BAD TASTE ALL STARTED 20/02/25

o/e :

LOOK RESTLESS, PALE

HYPERRMIC PHARYNX

TONSILS ARE ENLARGED , SWOLLEN WITH PUS POINT

chest is congested

diabetic taking tablet

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute pharyngitis, unspecified, Fever, unspecified, Pain, unspecified, Cough, Acute recurrent tonsillitis, unspecified ICD Code J02.9, R50.9, R52, R05, J03.91

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCEFTRIAXONE-TABUK IV,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,DEXAMETHASONE SODIUM PHOSPHATE,CLOFEN ,Intramuscular injection,CHLOROHISTOL 10MG,VITAMIN -C- IV DRIP,Intravenous Injection,Gp Consultation,Culture Bacterial Any Source Anaerobic Iso&Id CPT code0195-107704-0801,2190-106618-1001,0125-122107-1022,0005-149902-1021,96372,0005-111805-1021,11GA01,96374,9,87075

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
0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
2027-719101-0392	(PARACETAMOL : 500 MG) (IBUPROFEN : 150 MG) (PHENYLEPHRINE HCL : 2.5 MG) FILM COATED TABLETS	FILM COATED TABLETS (50S, BLISTER)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) after meal
0139-116206-	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
1171				

Date: 15-05-25(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: 15-05-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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