1.HealthNet Policy Number I038-000-120049547-01 2. Authorization Code:

2.Patient Name RAMA MAIYA RANA GANESH BAHADUR

3.Patient Date of Birth & Sex 27-08-84(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0564690704

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 high grade fever throat pain and body pain and breathing difficulty

pain is sevre 08 on pain scale, severe odynophagia , causing reduced oral intake

airway obstrcution while sleeping

started 17/05/25 took treatment but not impproved

o/e :

look restless

tonsils are enlarged grade 3 hyperplasia

nasal qaulity voice

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute tonsillitis, unspecified, Fever, unspecified, Wheezing, Pain, unspecified ICD Code J03.90, R50.9, R06.2, R52

12.Etiology:

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

14.Plan / Details of Management

a.ProcedurePARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CEFTRIAXONE-TABUK IV,CLOFEN ,(CHLORPHENIRAMINE : 10 MG) INJECTION,Intramuscular injection,Administered intravenously,Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner. CPT code2190-106618-1001,0125-122107-1022,0195-107704-0801,0005-149902-1021,0046-111801-0511,96372,96365,9.1

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
0397-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, STRIP)	7	Take 1Tablets 1 Time(s) per Day For 7 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
0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others
6705-602505-3801	(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	7	Take 1Spray 2 Time(s) per Day For 7 Day(s) after meal
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)	7	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal

Date: 23-05-25(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: 23-05-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet