1.HealthNet Policy Number I038-000-115298209-01 2. Authorization Code:

2.Patient Name Sobish Pullarathara Balan

3.Patient Date of Birth & Sex 16-05-86(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0509803581

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

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

7.Presenting Complaints:

pc : sevre ulcers in mouth in gums and tongue associated with reflux and heartburn and chest tightness

bloating ,

o/e : ulcertaive lesions in =oral cavity

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiOral mucositis (ulcerative), unspecified, Acute gastritis without bleeding, Gastro-esophageal reflux dis with esophagitis, without bleed ICD Code K12.30, K29.00, K21.00

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureRISEK 40MG,Iaad Eia Hpylori Stool,Blood Count Complete Automated,C-Reactive Protein,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.,Administered intravenously CPT code0005-174202-0781,87338,85027,86140,9,96365

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

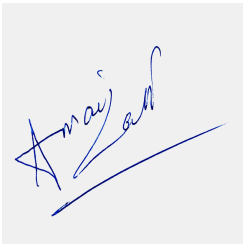
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0250-125820-3931	(POVIDONE IODINE : 1%) MOUTHWASH-SOLUTION	MOUTHWASH-SOLUTION (250ML, PLASTIC BOTTLE)	5	gaurgle twice daily
0435-189401-1111	(CALCIUM CARBONATE : N/A) (SODIUM BICARBONATE : N/A) (SODIUM ALGINATE : N/A) SUSPENSION	SUSPENSION (500ML, GLASS BOTTLE)	7	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal
0219-533801-0391	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, HDPE BOTTLE)	7	Take 1Gel 1 Time(s) per Day For 7 Day(s) morning empty stomach
1709-404803-0431	(BENZOCAINE : 10%) GEL	GEL (15G, PLASTIC TUBE)	5	Take 1Gel 1 Time(s) per Day For 5 Day(s) after meal

Date: 31-05-25(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: 31-05-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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