1.HealthNet Policy Number: I038-000-120576995-01 2. Authorization Code:

2.Patient Name: HASNAE YALA

3.Patient Date of Birth & Sex: 07-11-98(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0542185163

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

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

7.Presenting Complaints:

FOLLOW UP

rash all over body after strating lower back pain medications , tolperisone stifano prescribed by doctor outside this clinic

she is allergic to TOLPERISONE

ADVISED TO STOP TAKING THIS MEDICINE AGAIN

o/e : erhtmatous plaques on neck , face , arms , belly , black

NOW IMPROVED AFTER TREATMENT WITH CORTICOSTEROIODS ABD ANTIHSTAMINE

DR AISHA RECOMMEDED FOOD ALLERY TEST CAME OUT TO BE NORMAL

ALREDAY KNOWN ALLERGIC STATUS TO TOLPERISONE (STIFFANO TABLET)

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiRash and other nonspecific skin eruption, Allergy status to other drug/meds/biol subst

ICD Code R21, Z88.8

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CHLOROHISTOL 10MG,Intramuscular injection,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)

CPT code0125-122107-1022,0005-111805-1021,96372,9.01

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
2150-575201-1171	(CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) TABLETS	TABLETS (30S, BOX)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) after meal
0880-609601-0571	(CALAMINE : 15 G/100ML) (ZINC OXIDE : 5 G/100ML) (PHENOL : 0.5 G/100ML) (BENTONITE : 3 G/100ML) LOTION	LOTION (1S, PLASTIC BOTTLE)	7	APPLY ALL OVER BODY
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) evening

Code	Generic	Dosage	Duration	Instructions
0005-119803-1173	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (40S, BLISTER)	15	Take 1Tablets 1 Time(s) per Day For 15 Day(s) others

Date: 03-06-25(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: 03-06-25(dd/mm/yy) Signature of Insued / Claimint

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HealthNet