1.HealthNet Policy Number I038-000-112964322-01 2. Authorization Code:

2.Patient Name ISAIAH JERONE PESCADOR ELIZARIO

3.Patient Date of Birth & Sex 12-09-15(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0522363835

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

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

7.Presenting Complaints:

p/c: cough dry

high grade fever

headache

chills

body aches

o/e: hyperemia, enlarge tonsils with white coated

c-reactive is so high

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute recurrent tonsillitis, unspecified, Cough, Headache, unspecified, Elevated C-reactive protein (CRP), Dehydration ICD Code J03.91, R05, R51.9, R79.82, E86.0

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCEFTRIAXONE-TABUK IV,LACTATED RINGERS INJECTION USP,Intravenous Injection,IV fluid admisitration,Gp Consultation CPT code0195-107704-0801,0439-152905-1001,96374,96360,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

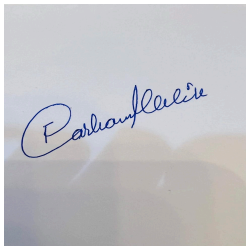
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 04-06-25(dd/mm/yy)

Doctor's Name Dr.Farhan Iyas

Signature and Stamp



Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

Physician Code DHA-P-6441782 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: 04-06-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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HealthNet