1.HealthNet Policy Number I038-037-121399260-01 2. Authorization Code:

2.Patient Name MANSOOR IQBAL CHAUDHRY MUHAMMAD IQBAL

3.Patient Date of Birth & Sex 06-08-85(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0504956532

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

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

7.Presenting Complaints:

PC : HIGH GRADE FEVER ,COUGH

HOPC : PT CAME WITH THE COMPLAIN OF HIGH GRADE FEVER ALONG WITH THE THROAT PAIN AND CHEST CONGESTION STARTED THREE DAYS BACK

O/E THOAT IS HYPEREMIC

CHEST IS CONGESTED

PMH : HISTORY OF TONSILLECTOMY

ALLERGIES : FRUITS

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Fever, unspecified, Cough, Wheezing, Dehydration, Dysuria, Vomiting, unspecified

ICD Code J06.9, R50.9, R05, R06.2, E86.0, R30.0, R11.10

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Urnls Dip Stick/Tablet Reagent Auto Microscopy,PARAFFIN,DEXAMETHASONE,ACECLOFENAC,METOCLOPRAMIDE,SODIUM CHLORIDE,Intramuscular injection,Intravenous Injection,BUDESONIDE,Nebulization,IV fluid admisitration,COMPLETE BLOOD COUNT (CBC), BLOOD,C-REACTIVE PROTEIN (CRP),PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,CEFTRIAXONE-TABUK IV,SODIUM CHLORIDE & DEXTROSE B.P.,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device),INJECTION SERVICE-IM,INJECTION SERVICE-IV,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,IV HYDRATION,Gp Consultation

CPT code85025,86140,81001,0244-212301-0151,0437-122107-1021,H21-6282-00084-01,0228-150415-1161,0439-111911-1002,96372,96374,B46-4387-00778-01,94640,96360,85025,86140,2190-106618-1001,0195-107704-0801,0102-100104-1001,0188-135906-2441,94640,96372,96374,0125-122107-1022,96365,96360,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

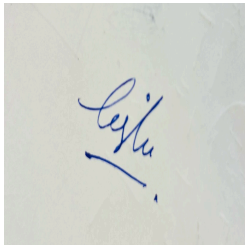
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0188-135906-2441	(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	5	Take 1Solution 2 Time(s) per Day For 5 Day(s) others
0252-150407-1171	(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BOX)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0005-114501-2481	(AMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (100ML, GLASS BOTTLE)	5	Take 1Syrup 2 Time(s) per Day For 5 Day(s) others
0015-101502-0271	(ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS	EFFERVESCENT TABLETS (10S, TUBE)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0397-116207-0391	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 26-06-25(dd/mm/yy)

Doctor's Name AISHA

Signature and Stamp



Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Physician Code DHA-P-40131439 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: 26-06-25(dd/mm/yy) Signature of Insued / Claimint

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HealthNet