1.HealthNet Policy Number I038-000-120093446-01 2. Authorization Code:

2.Patient Name HAMID MAHMOOD

3.Patient Date of Birth & Sex 15-12-90(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0509296530

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

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

7.Presenting Complaints:

PC : SEVRE SORE THROAT , ODYNOPHAGIA ,HEDACHE , BODY PAIN , WHICH IS 08 ON PAIN SCORE HIGH GRADE FEVER WITH SHIVERING STARTED 25/06/25

O/E : LOOK IRRITABLE

FEBRILE WITH 39.8 C

HYPEREMIC CONGESTED PHARYNX TONSILS ARE SWOLLEN WITH PUS POINTS

CHEST CONGESTED

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute tonsillitis, unspecified, Fever, unspecified, Nausea with vomiting, unspecified, Headache, unspecified, Acute gastritis without bleeding, Cough

ICD Code J03.90, R50.9, R11.2, R51.9, K29.00, R05

12.Etiology:

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

14.Plan / Details of Management

a.Procedure PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,CLOFEN ,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Intramuscular injection,CEFTRIAXONE-TABUK IV,(CHLORPHENIRAMINE : 10 MG) INJECTION,Blood Count Complete Auto&Auto Difrntl Wbc Count,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 code 2190-106618-1001,0005-149902-1021,0125-122107-1022,96372,0195-107704-0801,0046-111801-0511,85025,86140,9,96365

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

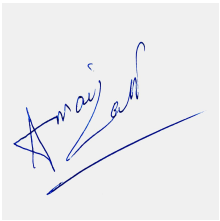
Code	Generic	Dosage	Duration	Instructions
1195-926901-0391	(VITAMIN D3 : 5 MCG) (VITAMIN E (AS D-ALPHA TOCOPHERYL SUCCINATE) : 20 MG) (ZINC : 15 MG) (CHROMIUM : 50 MCG) (COPPER : 1 MG) (VITAMIN B12 : 9 MCG) (FOLACIN : 500 MCG) (SIBERIAN GINSENG (ELEUTHEROCOCCUS SENTICOSUS) : 20 MG) (IODINE : 150 MCG) (IRON (FERROUS FUMARATE) : 6 MG) (MAGNESIUM OXIDE : 50 MG) (MANGANESE SULFATE : 3 MG) (L-METHIONINE : 20 MG) (NIACIN : 20 MG) (PANTOTHENIC ACID : 10 MG) (PABA : 20 MG) (PYRIDOXINE (VITAMIN B6) : 9 MG) (VITAMIN B2 (RIBOFLAVIN) : 5 MG) (SELENIUM : 150 MCG) (S	FILM COATED TABLETS (30S, BLISTER)	30	Take 1Capsule 1 Time(s) per Day For 30 Day(s) after meal
0027-265802-1161	(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	7	Take 15ML 2 Time(s) per Day For 7 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
6705-602505-3801	(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	5	Take 2Spray 2 Time(s) per Day For 5 Day(s) after meal
2027-560101-0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	3	Take 1sachet 2 Time(s) per Day For 3 Day(s) after meal
0027-142201-0831	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	3	Take 1sachet 1 Time(s) per Day For 3 Day(s) after meal
0397-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, STRIP)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal

Date: 27-06-25(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: 27-06-25(dd/mm/yy) Signature of Insued / Claimint

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HealthNet