1.HealthNet Policy Number: I038-000-116276447-01 2. Authorization Code:

2.Patient Name: MAHMOUD YASSER ALSHIKH MAHMOUD

3.Patient Date of Birth & Sex: 22-09-93(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0505441750

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

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

7.Presenting Complaints:

PC fever,nausea,vomiting,headache,bodypain,throat pain

HOPC fever,nausea,vomiting,headache,bodypain,throat pain since 12 am

O\E he looks pale and dehydrated

Chest clear

Tonsils edematous and pustule present

No history of drug allergy

No family history of HTN

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute tonsillitis, unspecified, Headache, unspecified, Pain, unspecified, Dehydration, Vomiting, unspecified

ICD Code J03.90, R51.9, R52, E86.0, R11.10

12.Etiology:

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

14.Plan / Details of Management

a.ProcedurePARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,LACTATED RINGER'S INJECTION USP,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,Intramuscular injection

CPT code2190-106618-1001,0005-150403-1021,0439-152905-1001,85025,86140,9,96365,96372

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
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0139-116207-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0152-181301-0391	(MEFENAMIC ACID : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	2	Take 1Tablets 2 Time(s) per Day For 2 Day(s) others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	3	Take 1Tablets 3 Time(s) per Day For 3 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

Date: 06-08-25(dd/mm/yy)

Signature and Stamp

د. كيرثانا راني بادبيورايل ثارا
Dr. Keerthana Rani Padippurayil Thara
General Practitioner
License No.: 37864046-001
مركز سيتيكير الطبي ذ م م
CITICARE MEDICAL CENTER LLC

Doctor's Name KEERTHANA

Physician Code DHA-P-37864046 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: 06-08-25(dd/mm/yy) Signature of Insued / Claimint

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HealthNet