1.HealthNet Policy Number I038-000-121580698-01 2. Authorization Code:

2.Patient Name Stephane Justine Evelyn Hornsby Stoltz

3.Patient Date of Birth & Sex 13-11-97(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0552934193

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

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

7.Presenting Complaints:

PC bodypain,joint pain,decreased sleep,tiredness,throat irritation,cough,nasal congestion

HOPC pt presents with complaints of bodypain,joint pain,decreased sleep,tiredness,throat irritation,cough,nasal congestion since 3 days

She is nauseous

Family history of hypertension\diabetes\hyperlipidemia\ASTHMA

O\E chest clear

Tonsils normal

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiDehydration, Pain, unspecified, Headache, unspecified, Nausea with vomiting, unspecified ICD Code E86.0, R52, R51.9, R11.2

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,DEXAMETHASONE SODIUM PHOSPHATE,LACTATED RINGER'S INJECTION USP,PREMOSAN ,GENARAL WELLNESS PACKEGE,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 code0005-149902-1021,0125-122107-1022,0439-152905-1001,0005-150403-1021,Pa001,9,96365,96372

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
0057-106305-0271	(ASCORBIC ACID (VITAMIN C) : 1000 MG) EFFERVESCENT TABLETS	EFFERVESCENT TABLETS (20S, TUBE)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others
5278-596003-0431	(DICLOFENAC DIETHYLAMINE : 11.6 MG/G) GEL	GEL (50G, TUBE)	5	Take 1Gel 2 Time(s) per Day For 5 Day(s) others

Code	Generic	Dosage	Duration	Instructions
2027-560101-0391	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (32S, BLISTER)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others

Date: 19-08-25(dd/mm/yy)

Signature and Stamp

د. كيرثانا راني باديبورايل ثارا
Dr. Keerthana Rani Padippurayil Thara
General Practitioner
License No.: 37864046-001
مـركـز سيتيكير الطبي ذم 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: 19-08-25(dd/mm/yy) Signature of Insued / Claimint

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HealthNet