1.HealthNet Policy Number I038-000-117239833-01 2. Authorization Code:

2.Patient Name ROTHELYN JOY MACATO ROGANDO

3.Patient Date of Birth & Sex 26-01-97(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0504875434

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

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

7.Presenting Complaints:

C/o: Abdominal pain; location not ascertained, started this evening about 3hours ago.

There is no fever, there is no vomiting, no change in bowel habit and no urinary symptoms.

LMP: 5th October, 2023.

Abdomen: Marked epigastric tenderness and marked right iliac fossa tenderness.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute gastritis without bleeding, Other appendicitis, Upper abdominal pain, unspecified ICD Code K29.00, K36, R10.10

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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.,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Urnls Dip Stick/Tablet Reagent Auto Microscopy,IV INFUSION THERAPY -Antibiotics & Others,INJ-PANTOPRAZOLE AS SODIUM 40 MG,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,CEFTRIAXONE-TABUK IM,SCOPINAL CPT code9,85025,86140,81001,96365,INJ010,2190-106618-1001,0195-107704-0802,0005-136504-1021

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
0005-106601-1171	(PARACETAMOL : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	Take 2Tablets 3 Time(s) per Day For 3 Day(s) after meal
0005-150407-1172	(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	Take 1Tablets 2Time(s) perDay For 3 Day(s) before meal

Code	Generic	Dosage	Duration	Instructions
0042-136501-1173	(HYOSCINE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) after meal
0097-116207-0392	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0137-242801-0342	(PANTOPRAZOLE (AS SODIUM) : 20 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (30S, BLISTER)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) before meal

Date: 27-10-23(dd/mm/yy)

Signature and Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Doctor's Name Enomen Goodluck

Physician Code DHA-P-28040827 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: 27-10-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)

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HealthNet