1.HealthNet Policy Number I038-000-119819166-01 2. Authorization Code:

2.Patient Name YASIR HAFEDH MAHDI MAHDI

3.Patient Date of Birth & Sex 29-05-91(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0521511880

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

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

7.Presenting Complaints:

C/o: Right flank pain, since the past 4 days.

Also developed pain in throat, nasal congestion and fever 2 days after the onset of abdominal pain. There is no vomiting.

Self-commenced Augmentin 1g and has had 6 tablets with little improvement in the abdominal pain but still has upper respiratory symptoms.

Exam: Abdominal exam unremarkable.

ENT: hyperemia of the pharynx.

Branchial cyst noted on the anterior neck.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute pyelonephritis, Calculus of lower urinary tract, unspecified, Acute pharyngitis, unspecified, Pain in throat, Cough, Fever, unspecified ICD Code N10, N21.9, J02.9, R07.0, R05, R50.9

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.,Urnls Dip Stick/Tablet Reagent Auto Microscopy,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Sedimentation Rate Rbc Automated,Administered intravenously,CLOFEN ,CEFTRIAXONE-TABUK IV

CPT code9,81001,85025,86140,85652,96365,0005-149902-1021,0195-107704-0801

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

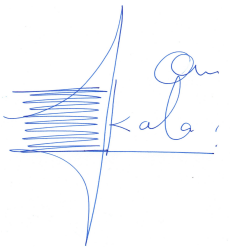
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 02-11-23(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



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: 02-11-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae