1.HealthNet Policy Number I038-000-118368778-01 2. Authorization Code:

2.Patient Name FIONA ANEK

3.Patient Date of Birth & Sex 05-08-96(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0525774543

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

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

7.Presenting Complaints:she come for fallow up. she has sever fever from 14/11/2023. sore throat is better but has weakness and illness

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiMuscle weakness (generalized) ICD Code M62.81

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureFree follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner.,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Intramuscular injection,(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,Blood Count Complete Auto&Auto Difrntl Wbc Count,Glucose Quantitative Blood Xcpt Reagent Strip,Hemoglobin Glycosylated A1C,Thyroid Stimulating Hormone Tsh,Sedimentation Rate Rbc Non-Automated

CPT code9.1,0125-122107-1022,96372,0195-107704-0802,85025,82947,83036,84443,85651

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

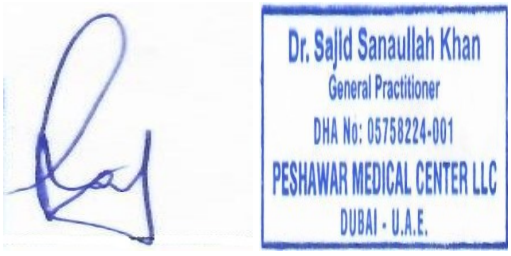
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 18-11-23(dd/mm/yy)

Doctor's Name Sajid Sanaullah

Signature and Stamp



Physician Code DHA-P-5758224 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: 18-11-23(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