1.HealthNet Policy Number I038-000-119327096-01 2. Authorization Code:

2.Patient Name AHMED YOUSSEF ABDELSATTAR ALI

3.Patient Date of Birth & Sex 08-04-92(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0547931433

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

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

7.Presenting Complaints:

C/o: Injury to the back of both heels.

Said to have bought a new pair of shoes which is very tight and was in pains but did not remove it as he was at work, thus resulting in blister formation which later denuded.

Exam: Two circumferential wounds on the archilles of both legs. measures about 2cm in diameter. Left wound is oozing purulent exudate with hyperemic surround skin and swelling (infected).

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiCellulitis of left lower limb, Bacterial infection, unspecified ICD Code L03.116, A49.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),Glucose Quantitative Blood Xcpt Reagent Strip,CEFTRIAXONE-TABUK IV,Administered intravenously,CLOFEN ,Intramuscular injection,NON-SURGICAL CLEANSING WITH SURGICAL DRESSING BETWEEN 16 SQ INCHES / 100 SQ CENTIMETERS AND 48 SQ INCHES / 300 SQ CENTIMETERS CPT code,82947,0195-107704-0801,96365,0005-149902-1021,96372,51.02

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

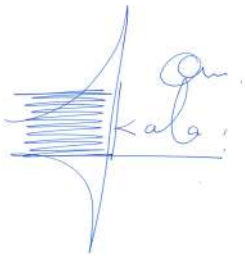
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-106305-0271	(ASCORBIC ACID (VITAMIN C) : 1000 MG) EFFERVESCENT TABLETS	EFFERVESCENT TABLETS (10S, BOX)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) after meal
0102-142201-0391	(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
1161-274301-0392	(LEVOFLOXACIN (AS HEMIHYDRATE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (7S, BLISTER PACK)	7	Take 1Tablets 1Time(s) perDay For 7 Day(s) after meal

Date: 06-12-23(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: 06-12-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet