1.HealthNet Policy Number	I038-000-117567896-01 2. Authorization Code:
2.Patient Name	YOUSSEF ABLOU
3.Patient Date of Birth & Sex	10-04-94(dd/mm/yy) ☑ Male ☐ Female
	Mobile No.0502963602
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency
6.Are You the patient's primary physician	☐ Yes ☐ No

7.Presenting Complaints:

C/o; Coughing since 2 days, fever also since 2 days,

Weakness.

Cough is dry and unproductive.

Also has difficulty breathing and chest pain.

Has history of allergy to cold and dust but claims he isn't a known asthmatic.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute nasopharyngitis [common cold], Acute pansinusitis, unspecified, Acute bronchitis, unspecified, Allergic rhinitis, unspecified	ICD Code J00, J01.40, J20.9, J30.9

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.,Intramuscular injection,CLOFEN ,Administered intravenously, (HYDROCORTISONE SOD. SUCCINATE : 500MG/4ML) POWDER FOR INJECTION,CEFTRIAXONE-TABUK IV,nebulization with ventoline solution,PULMICORT,Blood Count Complete Auto&Auto Difrntl Wbc Count,Sedimentation Rate Rbc Automated,C-Reactive Protein,theraputicherapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) - (AED 11.0000)	CPT code9,96372,0005-149902-1021,96365,0318-267103-0801,0195-107704-0801,94640,0188-135906-2441,85025,85652,86140,96375
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
0027-265802-1161	(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	7	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal
0696-107902-0392	(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	8	Take 1Tablets 2 Time(s) per Day For 8 Day(s) after meal
1117-496801-0361	(FEXOFENADINE HCL : 60 MG) (PSEUDOEPHEDRINE HCL : 120 MG) EXTENDED RELEASE TABLETS	EXTENDED RELEASE TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0005-119803-1172	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (1000S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 2Time(s) perDay For 10 Day(s) after meal
0027-128802-2021	(XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS	NASAL DROPS (10ML, BOTTLE)	5	Take 2Drops 2 Time(s) per Day For 5 Day(s) others

Date: 07-12-23(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

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

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: 07-12-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet