1.HealthNet Policy Number I038-000-115298366-01 2. Authorization Code:

2.Patient Name ANANT GOPICHAND KADU KADU GOPICHAND LAXMAN

3.Patient Date of Birth & Sex 13-05-82(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0543476827

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

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

7.Presenting Complaints:pain arround umblus and also pain in area of stomach

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Unspecified abdominal pain, Weakness, Nausea with vomiting, unspecified ICD Code R10.9, R53.1, R11.2

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Blood Count Complete Auto&Auto Difrntl Wbc Count,UREA,Creatine,Sodium Serum Plasma Or Whole Blood,Potassium Serum Plasma/Whole Blood,Transferase Alanine Amino Alt Sgpt,Transferase Aspartate Amino Ast Sgot,SODIUM CHLORIDE,IV fluid admisitration,PANTOPRAZOLE (AS SODIUM),METOCLOPRAMIDE,DICLOFENAC,Intravenous Injection,Gp Consultation CPT code85025,0304-139601-0151,82540,84295,84132,84460,84450,0637-111902-0371,96360,2104-242802-0341,0252-150407-1171,0003-238002-1451,96374,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

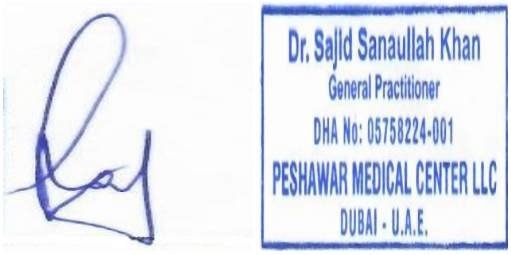
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-136501-0391	(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK)	5	Take 1Tablets 2Time(s) perDay For 5 Day(s) others
5670-627602-0391	(ONDANSETRON (AS HCL) : 8 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	5	Take 1Tablets 2Time(s) perDay For 5 Day(s) others
3735-640409-1021	(VITAMIN D3 (CHOLECALCIFEROL) : 300000 IU/ML) SOLUTION FOR INJECTION	SOLUTION FOR INJECTION (1ML X 2, GLASS AMPOULE)	1	Take 1Injection 1Time(s) perDay For 1 Day(s) others
1195-926901-0391	(VITAMIN D3 : 5 MCG) (VITAMIN E (AS D-ALPHA TOCOPHERYL SUCCINATE) : 20 MG) (ZINC : 15 MG) (CHROMIUM : 50 MCG) (COPPER : 1 MG) (VITAMIN B12 : 9 MCG) (FOLACIN : 500 MCG) (SIBERIAN GINSENG (ELEUTHEROCOCCUS SENTICOSUS) : 20 MG) (IODINE : 150 MCG) (IRON (FERROUS FUMARATE) : 6 MG)	FILM COATED TABLETS (30S, BLISTER)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

Code	Generic	Dosage	Duration	Instructions
	(MAGNESIUM OXIDE : 50 MG) (MANGANESE SULFATE : 3 MG) (L-METHIONINE : 20 MG) (NIACIN : 20 MG) (PANTOTHENIC ACID : 10 MG) (PABA : 20 MG) (PYRIDOXINE (VITAMIN B6) : 9 MG) (VITAMIN B2 (RIBOFLAVIN) : 5 MG) (SELENIUM : 150 MCG) (S			

Date: 20-12-23(dd/mm/yy)

Signature and Stamp



Doctor's Name Sajid Sanaullah

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: 20-12-23(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