1.HealthNet Policy Number I038-000-115298176-01 2. Authorization Code:

2.Patient Name MAIMUNA SSEREMBA NAKANJAKO

3.Patient Date of Birth & Sex 02-06-83(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0525263449

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

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

7.Presenting Complaints:

C/o: Pain in the left ear since the past two weeks.

Had flu 2 weeks prior before.

There is however no associated discharge from the ear and there is no fever.

No history of trauma

Exam: Marked tragal tenderness, purulent exudate within the canal, and inflamed TM, with air-fluid level in the media.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute serous otitis media, left ear, Otalgia, left ear ICD Code H65.02, H92.02

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.,Blood Count Complete Auto&Auto Difrntl Wbc Count,Sedimentation Rate Rbc Automated,C-Reactive Protein,Administered intravenously,Intramuscular injection,CEFTRIAXONE-TABUK IV,CLOFEN

CPT code9,85025,85652,86140,96365,96372,0195-107704-0801,0005-149902-1021

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
0027-149903-0391	(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0355-103204-1681	(CIPROFLOXACIN : 0.3%) EYE / EAR DROPS	EYE / EAR DROPS (5ML, PLASTIC DROPPER BOTTLE)	7	Take 2Drops 4 Time(s) per Day For 7 Day(s) others

Date: 27-12-23(dd/mm/yy)

Signature and Stamp

Doctor's Name Enomen Goodluck

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: 27-12-23(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

HealthNet