1.HealthNet Policy Number I038-000-119890955-01 2. Authorization Code:

2.Patient Name SAYEEDA ARAB

3.Patient Date of Birth & Sex 28-08-96(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0527526466

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

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

7.Presenting Complaints:

SEVERE COUGH AND WHEEZING SINCE THREE WEEKS STARTED 1/1/2024

SEVERE COUGH AND FEVER

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute bronchitis, unspecified, Wheezing, Cough ICD Code J20.9, R06.2, R05

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(DEXTROSE : 5%) (SODIUM CHLORIDE : 0.45%) SOLUTION FOR INFUSION,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CHLOROHISTOL 10MG,IV fluid admisitration,Administered intravenously,nebulization with ventoline solution,PULMICORT,VENTOLIN NEBULES,VENTOLIN NEBULES,Office 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.

CPT code0102-100115-1001,0125-122107-1022,0005-111805-1021,96360,96365,94640,0188-135906-2441,0006-124513-2071,0006-124513-2071,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

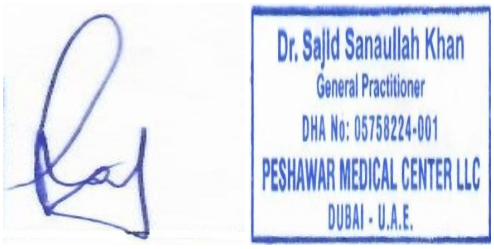
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0219-395404-0081	(MONTELUKAST (AS SODIUM) : 10 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
0252-148701-1171	(LORATADINE : 10 MG) TABLETS	TABLETS (30S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) others
1393-412002-1392	(FLUTICASONE PROPIONATE : 250 MCG/DOSE) (SALMETEROL (AS XINAFOATE) : 25 MCG/DOSE) AEROSOL INHALER	AEROSOL INHALER (120 DOSE, CANISTER)	10	Take 2Puff 3 Time(s) per Day For 10 Day(s) others
0009-378203-1171	(CEFUROXIME(AS CEFUROXIME AXETIL) : 500 MG) TABLETS	TABLETS (15S, BLISTER PACK)	8	Take 1Tablets 2 Time(s) per Day For 8 Day(s) others

Date: 20-01-24(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: 20-01-24(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