1.HealthNet Policy Number I038-000-118101175-01 2. Authorization Code:

2.Patient Name MOHAMED HAMDY MOHAMED KHODEIR

3.Patient Date of Birth & Sex 06-05-86(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0522062796

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

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

7.Presenting Complaints:SEVERE LOW BACK PAIN STARTED SINCE TWO DAYS BACK AND SEVERE GASTRIC PAIN AND VOMITING STARTED 7/2/2024

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiCalculus of kidney, Acute gastritis without bleeding, Muscle spasm of back, Nausea with vomiting, unspecified ICD Code N20.0, K29.00, M62.830, R11.2

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureUrnls Dip Stick/Tablet Reagent Auto Microscopy,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,PREMOSAN ,Administered intravenously,IV fluid admisitration,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code81001,0125-122107-1022,0005-149902-1021,0005-242802-0781,0005-150403-1021,96365,96360,9.01

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

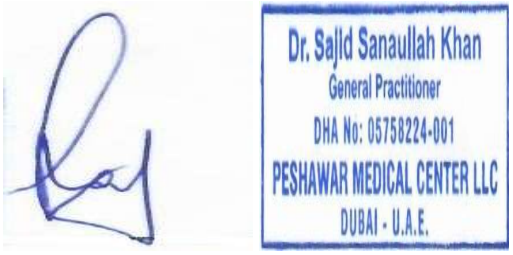
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0415-168207-0391	(DOMPERIDONE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (100S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) others
0669-242802-3261	(PANTOPRAZOLE (AS SODIUM) : 40 MG) DELAYED RELEASE TABLET	DELAYED RELEASE TABLET (30S, BLISTER PACK)	7	Take 1sachet 2 Time(s) per Day For 7 Day(s) others
0278-107903-0252	(IBUPROFEN : 600 MG) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (20S, SACHET)	5	Take 1sachet 2 Time(s) per Day For 5 Day(s) others

Date: 09-02-24(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: 09-02-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet