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:

Relatives requesting referral.

Refer to nearest hospital (MEDICLINIC).

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiCalculus of kidney with calculus of ureter ICD Code N20.2

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureIV fluid admisitration,(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,SCOPINAL,CLOFEN ,CHLOROHISTOL 10MG,(FUROSEMIDE : 20 MG/2ML) SOLUTION FOR INJECTION,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),Intravenous Injection,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 code96360,0102-111908-1001,0005-136504-1021,0005-149902-1021,0005-111805-1021,2491-167505-1021,9.01,96374,96375

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

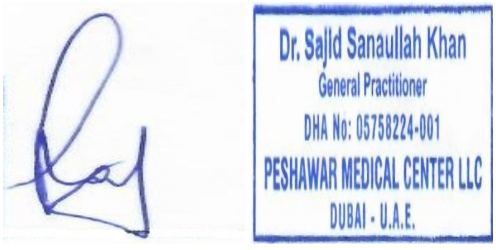
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 10-02-24(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: 10-02-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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