1.HealthNet Policy Number I038-000-115298166-01 2. Authorization Code:

2.Patient Name ZAKARIA ABDELHAI

3.Patient Date of Birth & Sex 11-03-94(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0501989306

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

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

7.Presenting Complaints:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiMigraine with aura, intractable, without status migrainosus, Headache, unspecified, Acute pharyngitis, unspecified ICD Code G43.119, R51.9, J02.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureAdministered intravenously,CEFTRIAXONE-TABUK IV,CLOFEN ,CHLOROHISTOL 10MG,PANTONIX 40MG I.V.,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Iaad Eia Influenza A/B Each,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),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),Intramuscular injection

CPT code96365,0195-107704-0801,0005-149902-1021,0005-111805-1021,0005-242802-0781,0125-122107-1022,85025,86140,87400,9.01,96375,96372

b.Laboratiry Test:

c.Radiology / Investigations:

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

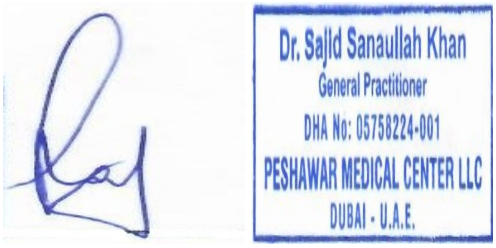
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0188-232401-0391	(ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal

Date: 21-02-24(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: 21-02-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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