1.HealthNet Policy Number I038-000-115298209-01 2. Authorization Code:

2.Patient Name Sobish Pullarathara Balan

3.Patient Date of Birth & Sex 16-05-86(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0509803581

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

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

7.Presenting Complaints:

co fever on and off diarrhea 6 times abdominal pain taking out side food 11th sep. 2024

oe

dehydration

chest is clear no added sounds

restless

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Bacterial foodborne intoxication, unspecified, Fever, unspecified, Dehydration, Diarrhea, unspecified ICD Code A05.9, R50.9, E86.0, R19.7

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION,(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,Administered intravenously,CIPROFLOXACIN,SCOPINAL,Intramuscular injection,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 code 85025,86140,0002-116601-1001,0002-111908-1001,96365,30042033,0005-136504-1021,96372,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

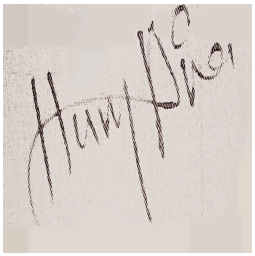
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0195-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
3114-482003-0391	(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others
0097-230603-0832	(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (50S, SACHET)	5	Take 1sachet 1 Time(s) per Day For 5 Day(s) others
1795-502202-1451	(SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (12S, BLISTER)	7	Take 1Capsule 3 Time(s) per Day For 7 Day(s) others

Date: 15-09-24(dd/mm/yy)

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Doctor's Name Humaira

Physician Code DHA-P-54155530 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: 15-09-24(dd/mm/yy) Signature of Insued / Claimint

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HealthNet