1.HealthNet Policy Number I038-000-112964322-01 2. Authorization Code:

2.Patient Name ISAIAH JERONE PESCADOR ELIZARIO

3.Patient Date of Birth & Sex 12-09-15(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0522363835

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

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

7.Presenting Complaints:

PC: Fever, pain in throat, nasal congestion and nasal discharge and headache.

Duration: 2days

ENT: markedly inflamed and hypertrophied tonsils.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute tonsillitis, unspecified, Fever, unspecified, Nasal congestion, Allergic rhinitis, unspecified ICD Code J03.90, R50.9, R09.81, J30.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureGp Consultation CPT code9

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
0027-149906-2231	(DICLOFENAC SODIUM : 25 MG) RECTAL SUPPOSITORIES	RECTAL SUPPOSITORIES (10S, BLISTER PACK)	3	Take 1Suppository 1Time(s) perDay For 3 Day(s) evening
0027-128801-1971	(XYLOMETAZOLINE HYDROCHLORIDE : 0.05%) LIQUID FOR SPRAY (NASAL)	LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE)	5	Take 2Drops 3 Time(s) per Day For 5 Day(s) others
0005-662702-0991	(PREDNISOLONE (SODIUM PHOSPHATE) : 15MG/5ML) SOLUTION	SOLUTION (120ML, BOTTLE)	5	Take 5ML 1 Time(s) per Day For 5 Day(s) after meal
0102-106704-1161	(CHLORPHENIRAMINE : 0.75 MG/5 ML) (PARACETAMOL : 120 MG/5ML) (PSEUDOEPHEDRINE : 15 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	10	Take 7.5ML 2 Time(s) per Day For 10 Day(s) after meal
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	10	Take 7.5ML 1 Time(s) per Day For 10 Day(s) after meal
1516-107904-1111	(IBUPROFEN : 100 MG/5ML) SUSPENSION	SUSPENSION (110ML, BOTTLE)	3	Take 7.5ML 2 Time(s) per Day For 3 Day(s) after meal
0097-127402-0391	(AZITHROMYCIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	Take 1Tablets 1Time(s) perDay For 5 Day(s) after meal

Date: 10-10-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-28040827 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: 10-10-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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HealthNet