1.HealthNet Policy Number: I038-000-115298230-01 2. Authorization Code:

2.Patient Name: Waqar Ahmad Manzoor Ahmad

3.Patient Date of Birth & Sex: 05-08-93(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0588210257

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

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

7.Presenting Complaints:

co h/f migrane headache 1 day pain in epigastric region constipation

oe chest is clear no added sound

restless

smoker

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute gastritis without bleeding, Fecal impaction, Migraine w/o aura, not intractable, with status migrainosus

ICD Code K29.00, K56.41, G43.001

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureAntibody Helicobacter Pylori,PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,Administered intravenously,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,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 code86677,0005-242802-0781,96365,0005-149902-1021,96372,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

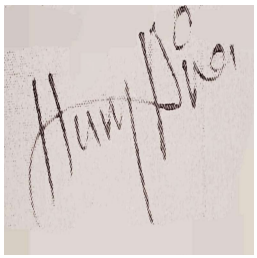
PRESCRIPTION WITH DOSAGE & DURATION

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 0027-142201-0832 | (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION | POWDER FOR SOLUTION (9S, SACHET) | 5 | Take 1Tablets 2 Time(s) per Day For 5 Day(s) others |

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 6445-533801-1561 | (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES | DELAYED RELEASE CAPSULES (30S, CONTAINER | 7 | Take 1Tablets 2Time(s) perDay For 7 Day(s) others |
| 1291-170801-1161 | (LACTULOSE : 66.7%) SYRUP | SYRUP (300ML, PLASTIC BOTTLE) | 1 | take 30mlat night |

Date: 31-10-24(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: 31-10-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet