1.HealthNet Policy Number I038-000-120684878-01 2. Authorization Code:

2.Patient Name THAWDAR CHAN MYAE

3.Patient Date of Birth & Sex 08-04-99(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0557745586

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

DiagonosisiAcute upper respiratory infection, unspecified, Allergic rhinitis, unspecified, Cough, Fever, unspecified, Anemia, unspecified

ICD Code J06.9, J30.9, R05, R50.9, D64.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedurePULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),nebulization with ventoline solution

CPT code0188-135906-2441,9.01,94640

b.Laboratiry Test:

c.Radiology / Investigations:

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

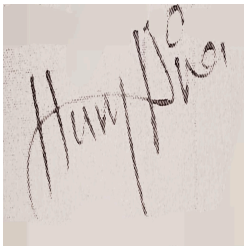
16.

PRESCRIPTION WITH DOSAGE & DURATION

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 2553-624901-0061 | (IRON AS IRON PYROPHOSPHATE : 30 MG) (VITAMIN C : 120 MG) (PHOSPHATIDYLCHOLINE : 160 MG) (SOY LECITHIN : 50 MG) CAPSULES | CAPSULES (30S, PETE BOTTLE) | 60 | Take 1Tablets 1 Time(s) per Day For 60 Day(s) others |

Date: 29-12-24(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: 29-12-24(dd/mm/yy) Signature of Insued / Claimint

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