1.HealthNet Policy Number I038-000-115298160-01 2. Authorization Code:

2.Patient Name DENZIL MANUEL DSOUZA

3.Patient Date of Birth & Sex 07-12-86(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0585871286

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

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

7.Presenting Complaints:

cough with sputum,flu,nasal obstruction,headache,bodyache.

o/e chest congesion,thorat is clear.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Cough, Pain, unspecified ICD Code J06.9, R05, R52

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCLOFEN ,Intramuscular injection,CEFTRIAXONE-TABUK IV,DEXAMETHASONE SODIUM PHOSPHATE,Administered intravenously,Blood Count Automated Differential Wbc Count,C-Reactive Protein,PULMICORT,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 code0005-149902-1021,96372,0195-107704-0801,0125-122107-1022,96365,85004,86140,0188-135906-2441,9

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
0321-100604-1171	(VITAMIN B12 : 200 MCG) (THIAMINE (VITAMIN B1) : 100 MG) (PYRIDOXINE (VITAMIN B6) : 200 MG) TABLETS	TABLETS (20S, BLISTER PACK)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
0013-274302-0392	(LEVOFLOXACIN (AS HEMIHYDRATE : 250 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0006-106601-0393	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	7	Take 1Tablets 3 Time(s) per Day For 7 Day(s) others
0097-395404-0391	(MONTELUKAST (AS SODIUM : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) evening
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 1Time(s) perDay For 7 Day(s) evening

Code	Generic	Dosage	Duration	Instructions
1516-446701-1161	(SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE HCL : 13.5 MG/5ML SYRUP	SYRUP (120ML, BOTTLE	7	Take 1Syrup 3 Time(s) per Day For 7 Day(s) others

Date: 08-02-25(dd/mm/yy)

Signature and Stamp

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

Doctor's Name Enomen Goodluck

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: 08-02-25(dd/mm/yy) Signature of Insued / Claimint

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HealthNet