

1.He	ealthNet Policy Nu	umber		1038-000- 115298160-01	2. Authorization Code:	
2.Patient Name				DENZIL MANUI	EL DSOUZA	
3.Patient Date of Birth & Sex				07-12-86(dd/r	mm/yy) ✓ Male ☐ Female	
				Mobile No.05	585871286	
5.Nature of illness or Injury				□ Acute □ C	Chronic   Emergency	
6.Are You the patient's primary physician				☐ Yes ☐ No		
7.Presenting Complaints:follow up patient for report checup,his CRP is 31.0						
8. Duration of Symptoms:						
9.Or	9.Onset of Condition:					
10.Relevent Past Medical/Surfgical History						
Diagonosisi			ICD Code			
12.Etiology:						
13.In case of Injury:mode of Injury/place of Injury						
14.Plan / Details of Management						
(	a.Procedure9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),CEFTRIAXONE-TABUK IV,Administered intravenously,DEXAMETHASONE SODIUM PHOSPHATE,Intramuscular injection CPT code9.01,0195-107704-0801,96365,0125-122107-1022,96372					
	b.Laboratiry Test:					
c.Radiology / Investigations:						
	-	lization: Date of Addm	ission:	Date of Disch	narge:	
16.						
TRESCRIPTION WITH DOSAGE & DORATION				Duration	Instructions	
	No Prescriptions H		Dosage	Duration	Instructions	
	No Prescriptions H	istory Fouriu				
Date: 14-02-25(dd/mm/yy)				Dr. Enomen Goodluck Ekata General Practitioner		
Doctor's Name Enomen Goodlud		Enomen Goodluck	Signature	and Stamp	OHA NO: 28040827-001 CITICARE MEDICAL CENTER LLC	
Physician Code DHA-P-28040827 HNM Code						
Authorization						
Auti		P-28040827 HNM Code	e e		DUBAI - U.A.E.	
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