1.HealthNet Policy Number I038-000-117808595-01 2. Authorization Code:

2.Patient Name CHANDRAPRAKASH PRAJAPATI KAILASH PRAJAPATI

3.Patient Date of Birth & Sex 20-03-87(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0563884612

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

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

7.Presenting Complaints:

PATIENT CAME FOR FOLLOW UP

CRP RAISED

STILL HAVE FEVER AND BODY PAIN

LOOKS BETTER

HISTORY OF KIDNEY STONE

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiFever, unspecified, Unspecified infectious disease, Wheezing ICD Code R50.9, B99.9, R06.2

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(CEFTRIAXONE : 1000 MG) POWDER FOR INJECTION,Administered intravenously,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code0135-107701-0801,96365,9.01

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

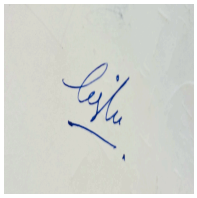
Code	Generic	Dosage	Duration	Instructions
0097-127405-0391	(AZITHROMYCIN : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 07-03-25(dd/mm/yy)

Doctor's Name AISHA

Physician Code DHA-P-40131439 HNM Code

Signature and Stamp



Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

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: 07-03-25(dd/mm/yy) Signature of Insued / Claimint

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