



1. HealthNet Policy Number

I038-000-119101651- 2. Authorization
01 Code:

2. Patient Name

ABDUL JABBAR ABDUL GHAFAR

3. Patient Date of Birth & Sex

01-11-88(dd/mm/yy) ☒ Male ☐ Female

Mobile No. 971558122653

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints: fever with chills

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Fever, unspecified, Nasal congestion, Myalgia, unspecified site

ICD Code R50.9, R09.81, M79.10

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: Gp Consultation, Blood Count Complete Auto & Auto Diffrntl
Wbc Count, Sedimentation Rate Rbc Non-Automated

CPT code 9,85025,85651

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
2552-624301-3591	(AZECLASTINE HCL : 1 MG / 1 ML) (FLUTICASONE PROPIONATE : 0.365 MG / ML) SUSPENSION FOR NASAL SPRAY	SUSPENSION FOR NASAL SPRAY (23G, AMBER GLASS BOTTLE+SPRAY PUMP+NASAL APPLICATOR)	5	Take 1 Tablets 1 Time(s) per Day For 5 Day(s) others
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 04-05-24(dd/mm/yy)

Doctor's Name SANDIA

Signature and Stamp



Physician Code DHA-P-65900212 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: 04-05-24(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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