



1.HealthNet Policy Number

I038-000-
117593153-012.
Authorization
Code:

2.Patient Name

JOHN CYPRIAN DESSA HENRY DESSA

3.Patient Date of Birth & Sex

21-01-80(dd/mm/yy)

☒ Male ☐
Female

5.Nature of illness or Injury

Mobile No.0505742130

6.Are You the patient's primary physician

☐ Acute ☐ Chronic ☐ Emergency

7.Presenting Complaints:

☐ Yes ☐ No

pt co mosquito bite since 4 days.

itchiness on bites

rash apperas near neck , there are no bites on neck

no fever no other signs

on examination chest is clear, vitals are fine

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiOther pruritus

ICD Code L29.8

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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.,Blood Count Complete Auto&Auto Difrntl Wbc Count

CPT code9,85025

b.Laboratiry 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
0013-183201-0391	(FEXOFENADINE HCL : 120 MG) FILM COATED TABLETS	FILM COATED TABLETS (15S, BLISTER PACK)	5	Take 1 Unit(s), 1 Time(s) per Day For 5 Day(s)

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 / Claimint

Copy of NGI - Pharmacy

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

NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae

