



1. HealthNet Policy Number

I038-000-
120542517-012.
Authorization
Code:

2. Patient Name

SIHAME KARIM

3. Patient Date of Birth & Sex

02-11-00(dd/mm/yy)

☐ Male ☒ Female

Mobile No. 0561340490

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

co headache on full head started from 3 hours FEVER IRRETABLE

oe chest is clear no added sounds vitals stable

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis Headache, unspecified, Fever, unspecified, Migraine w/o aura, not intractable, w/o status migrainosus ICD Code R51.9, R50.9, G43.009

12. Etiology:

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

14. Plan / Details of Management

a. Procedure CEFTRIAXONE-TABUK IV, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, Blood Count Complete Auto&Auto Diffrntl Wbc Count, C-Reactive Protein, Sedimentation Rate Rbc Automated, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION, (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION, Intramuscular injection, Administered intravenously, 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 families 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 code 0195-107704-0801, 2190-106618-1001, 85025, 86140, 85652, 0102-152902-1001, 0005-149902-1021, 96372, 96365, 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

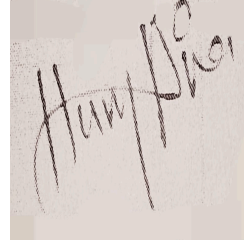
Code	Generic	Dosage	Duration	Instructions
7020-992601-1171	(VITAMIN D (AS CHOLECALCIFEROL) : 5 MCG) (CHROMIUM : 25 MCG) (VITAMIN A (AS BETA CAROTENE) : 1200 MCG) (VITAMIN E : 4.5 MG) (BIOTIN : 30 MCG) (VITAMIN C (ASCORBIC ACID) : 45 MG) (RIBOFLAVIN : 1 MG) (MANGANESE : 1.8 MG) (VITAMIN B6 : 1.3 MG) (NIACINAMIDE : 14 MG) (SELENIUM : 20 MCG) (FOLIC ACID : 240 MCG) (MAGNESIUM : 100 MG) (IRON : 10 MG) (VITAMIN B12 : 2.4 MCG) (CALCIUM : 320 MG) (PANTOTHENIC ACID : 5 MG) (THIAMINE : 1 MG) (COPPER : 0.45 MG) (ZINC : 7 MG) (IODINE : 33 MCG) (VITAMIN K1 : 25 MC	TABLETS (60S, BOTTLE)	30	Take 1 Tablets 1 Time(s) per Day For 30 Day(s) others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1 Unit(s), 2 Time(s) per Day For 7 Day(s)

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

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-54155530 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: 05-05-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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