



1.HealthNet Policy Number

I038-000-
114122617-012.
Authorization
Code:

2.Patient Name

Faisal Muhammad Sadiq

3.Patient Date of Birth & Sex

15-05-85(dd/mm/yy)

☒ Male ☐
Female

5.Nature of illness or Injury

Mobile No.0524859224

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

co knee pain 7 days shoulder pain 1 month

history of sleep in his own shouldr dark colour urine 7 days oe

muscler pain burning micturation chest is clear no added sounds vitals stable

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surfical History

DiagonosisiUrinary tract infection, site not specified, Myalgia, other site, Pain in unspecified
knee

ICD Code N39.0, M79.18, M25.569

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Sedimentation Rate Rbc Automated,Uric Acid Blood,CEFTRIAZONE-TABUK IV-(CEFTRIAZONE : 1 G) POWDER FOR INJECTION,Urnl Dip Stick/Tablet Reagent Auto Microscopy,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 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.

CPT code85025,86140,85652,84550,0195-
107704-0801,81001,9

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

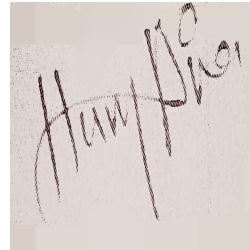
Code	Generic	Dosage	Duration	Instructions
2093- 596002- 0431	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (50G, TUBE)	1	Take 1Gel 1Time(s) perDay For 1 Day(s) others
4417- 711201- 0451	(IBUPROFEN (AS L-ARGININE SALT) : 600 MG) GRANULES	GRANULES (30 X 3G, SACHET)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0248-187801-1171	(DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 3 Time(s) per Day For 7 Day(s) others
0097-658501-0251	(TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (10 X 4.25G, SACHET)	7	Take 1sachet 3 Time(s) per Day For 7 Day(s) others
3114-482003-0391	(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others

Date: 06-05-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



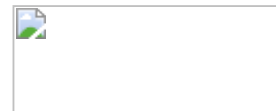
Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 06-05-24(dd/mm/yy)

Signature of Insured / Claimant

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

