



1.HealthNet Policy Number

I038-000-
119574884-012.
Authorization
Code:

2.Patient Name

ROHIT MILAP

3.Patient Date of Birth & Sex

02-02-91(dd/mm/yy)

☒ Male ☐
Female

Mobile No.0565542803

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

Left ear pain X 1day

NO reduced hearing, no discharge, no fever, no cough, no sore throat, no dizziness

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Otitis media, unspecified, unspecified ear, Other acute nonsuppurative otitis media, unspecified ear, Unspecified otitis externa, left ear, Unspecified open wound of left ear, initial encounter

ICD Code H66.90, H65.199, H60.92,
S01.302A

12.Etiology:

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

14.Plan / Details of Management

a.Procedure: 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 patient's and/or family's 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 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
4179-711202-0391	(IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (12S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0003-183601-0241	(BENZOCAINE : 2%) (NEOMYCIN : 0.25%) (POLYMYXIN B : 0.10%) (HYDROCORTISONE : 0.02%) (AMINACRINE HCL : 0.10%) EAR DROPS	EAR DROPS (10ML, DROPPER BOTTLE)	10	Take 2Drops 4 Time(s) per Day For 10 Day(s) others

Date: 12-05-24(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: 12-05-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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