



1. HealthNet Policy Number

I038-000-

118463206-01

2. Authorization

Code:

2. Patient Name

DANUKA CHARITH PERERA WEERACONE
ARACHCHIGE

3. Patient Date of Birth & Sex

06-12-88(dd/mm/yy)

☒ Male ☐ Female

Mobile No. 0521675377

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

co hadache bodypain cough prulent

oe chest is congested no added sounds vitals stable

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute upper respiratory infection, unspecified, Fever, unspecified,
Headache, Allergic rhinitis, unspecified, Allergy, unspecified, sequela

ICD Code J06.9, R50.9, R51, J30.9, T78.40XS

12. Etiology:

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

14. Plan / Details of Management

a. Procedure (CEFTRIAXONE : 1 G) POWDER FOR INJECTION, Intramuscular
injection, Free follow-up consultation of the same diagnosis within 7 days of initial
consultation by a General Practitioner, 9.019.01 - (9.01) - Follow Up - Consultation
GP - (AED 0.0000)

CPT code 0046-107704-0801, 96372, 9.1, 9.01

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

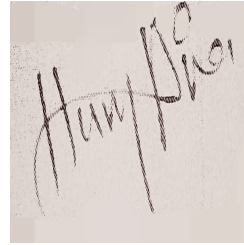
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0070-148701-1171	(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	7	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) others
0503-123701-0392	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) others
0320-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) others
0320-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) others
0013-183201-0391	(FEXOFENADINE HCL : 120 MG) FILM COATED TABLETS	FILM COATED TABLETS (15S, BLISTER PACK)	7	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) others

Date: 13-05-24(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: 13-05-24(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

