



1. HealthNet Policy Number

1038-000-
115298366-012.
Authorization
Code:

2. Patient Name

ANANT GOPICHAND KADU KADU
GOPICHAND LAXMAN

3. Patient Date of Birth & Sex

13-05-82(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0543476827

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

co weakness loose motion abdominal pain 1 days

oe chest is clear no added sounds lower abdominal pain

vitals stable

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis Diarrhea, unspecified, Lower abdominal pain, unspecified, Pain, unspecified

ICD Code R19.7, R10.30, R52

12. Etiology:

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

14. Plan / Details of Management

a. Procedure GENERAL WELLNESS PACKAGE (55) TESTS, 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 P0005,9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

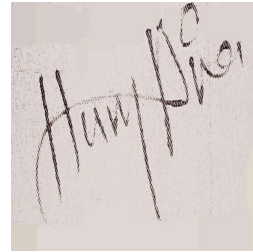
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0097-230603-0832	(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (50S, SACHET)	5	Take 1 sachet 1 Time(s) per Day For 5 Day(s) others
0248-187801-1171	(DIOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1 Tablets 3 Time(s) per Day For 5 Day(s) others
2054-482002-1171	(CIPROFLOXACIN (AS HYDROCHLORIDE) : 250 MG) TABLETS	TABLETS (300S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 17-05-24(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: 17-05-24(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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