

**DENTAL TREATMENT FORM**

Ref No.

Dear Doctor you are kindly requested to complete this Consultation Form and fax it to NAS Claims Center at 02-6766227. For prescriptions, kindly use Prescription/ Advice Form.

PATIENT INFORMATION

NAME:	TAR BABU MOHAMMAD NAJIM	GIVEN NAME:	TAR BABU MOHAMMAD NAJIM
DATE OF BIRTH :	01-Jan-1986	GENDER:	Male
CARD NBR:	ARIA-CE4C-DCDE-4DEA	PAYER	NAS - SRN WN

CASE INFORMATION

DIAGNOSIS
K05.313 - Chronic periodontitis, localized, severe
AETIOLOGY
(Please indicate the exact cause in case of injuries)
PROCEDURE / MANAGEMENT PLANNED
D0150 - comprehensive oral evaluation - new or established patient, D0220 - intraoral - periapical first radiographic image, D0220 - intraoral - periapical first radiographic image, D0220 - intraoral - periapical first radiographic image, D0220 - intraoral - periapical first radiographic image, D0220 - intraoral - periapical first radiographic image, D0220 - intraoral - periapical first radiographic image, D0220 - intraoral - periapical first radiographic image, D0220 - intraoral - periapical first radiographic image

TREATING DENTAL SPECIALIST Abdulrahman			
HOSPITAL / CLINIC Irham Medical Center Arjan			
CONSULTATION DETAILS	NEW ☐	FOLLOW-UP ☐	CONSUTATION FEES

**DATE: 18-May-2024****DOCTOR'S SIGNATURE AND STAMP**

I hear allow NAS authorized personnel to obtain any requisite medical details from my current and previous physicians and case diles.

BENEFICIARYS' SIGNATURE



A large, empty rectangular box intended for the beneficiary's signature.

NAS Administration Services, P.O.Box: 44505, Abu Dhabi, UAE. Te:02-6777997, FaxL02-6766227