



1. HealthNet Policy Number

I038-000-118367313-01

2. Authorization Code:

2. Patient Name

GAURAV KESHAV KASTURE KESHAV RAMCHANDRA KASTURE

3. Patient Date of Birth & Sex

20-08-96(dd/mm/yy)

☒ Male ☐ Female

Mobile No. 0528369387

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

co pain in throat fever on and off bodyache 3 days

oe enlarge tonsills chest is congested no added sounds vitals stable

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute tonsillitis, unspecified, Pain in throat, Fever, unspecified, Gastritis, unspecified, without bleeding

ICD Code J03.90, R07.0, R50.9, K29.70

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

CPT code 0005-107704-0802

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
6445-533801-1561	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER)	5	Take 1 Tablets 1 Time(s) per Day For 5 Day(s) others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	3	Take 1 Tablets 2 Time(s) per Day For 3 Day(s) others
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 21-05-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54135530-002
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: 21-05-24(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

