

1.HealthNet Policy Number	1038-000- 120415702-01	2. Authori Code:	zation
2.Patient Name	JOSHWA JOSE PA	RACKAL	
3.Patient Date of Birth & Sex	08-11-95(dd/mr	n/yy)	✓ Male □ Female
	Mobile No.0568	3807636	
5.Nature of illness or Injury	☐ Acute ☐ Chi	ronic 🗆 E	Emergency
6.Are You the patient's primary physician	☐ Yes ☐ No		
7.Presenting Complaints:			
8. Duration of Symptoms:			
9.Onset of Condition:			
10.Relevent Past Medical/Surfgical History			
DiagonosisiMyalgia, unspecified site	ICD Code M79.1	.0	
12.Etiology:			
13.In case of Injury:mode of Injury/place of Injury			
14.Plan / Details of Management			
a.ProcedureOffice 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 patients and/or familys 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 code9		
b.Laboratiry Test:			
c.Radiology / Investigations:			
15.In Case of Hospitalization: Date of Addmission:	Date of Dischar	ge:	

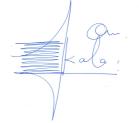
16.		PRESCRIPTION WITH DOSAGE & DURATION			
	Code	Generic	Dosage	Duration	Instructions
	2027- 560101-0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	5	Take 1Tablets 3Time(s) perDay For 5 Day(s) after meal

Date: 23-05-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

Physician Code DHA-P-28040827 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

23-05-24(dd/mm/yy) Signature of Insued / Claimint Date:

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