



1. HealthNet Policy Number

I038-000-
115298270-01

2.
Authorization
Code:

2. Patient Name

LUCIEN MARCEL AKOMO

3. Patient Date of Birth & Sex

16-01-81(dd/mm/yy)

☒ Male ☐
Female

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

Represented 5 months later with same swelling and pain on the left groin.

Had previously been referred to see the general surgeon specialist 5 months ago but did not go as he felt better after taking analgesics.

Patient is recounselled on the need to sort surgeon's evaluation.

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Unilateral femoral hernia, w/o obst or gangrene, recurrent, Acute lymphadenitis, unspecified ICD Code K41.91, L04.9

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: 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 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

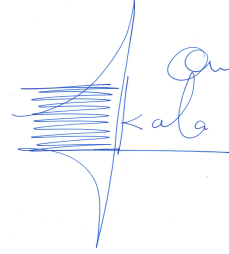
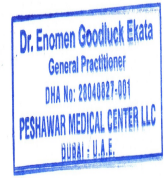
Code	Generic	Dosage	Duration	Instructions
1161-274301-0392	(LEVOFLOXACIN (AS HEMIHYDRATE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (7S, BLISTER PACK)	7	Take 1 sachet 1 Time(s) per Day For 7 Day(s) after meal
0097-223401-1172	(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) after meal
0027-142201-	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S,	5	Take 1 sachet 4 Time(s) per Day For 5 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0831		SACHET)		

Date: 30-05-24(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



Date: 30-05-24(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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