

1.He	ealthNet Policy N	umber		I038-000-120193920-01 2. Authorization Code:				
2.Pa	atient Name	TSION GETO DE	MISSE					
3.Pa	atient Date of Birt	15-11-00(dd/mm/yy) ☐ Male ✓ Female						
		Mobile No.05555555555						
5.Nature of illness or Injury				☐ Acute ☐ Chronic ☐ Emergency				
6.Are You the patient's primary physician				☐ Yes ☐ No				
7.Pr	resenting Complain	ints:						
co constipation 1 week								
pain in throat 1 week								
fever on and off 1 week								
oe enlarge and inflamed tonsills								
chest is clear no added sounds								
8.Duration of Symptoms:								
9.Onset of Condition:								
10.Relevent Past Medical/Surfgical History								
	gonosisiAcute tons er, unspecified, Coug	illitis, unspecified, Constip h	oation, unspecified,	ICD Code J03.90, K59.00, R50.9, R05				
12.Etiology:								
13.In case of Injury:mode of Injury/place of Injury								
	Plan / Details of N	lanagement						
	a.Procedure	CPT code						
b.Laboratiry Test:								
c.Radiology / Investigations:								
15.In Case of Hospitalization: Date of Addmission: Date of Discharge:								
16. PRESCRIPTION WITH DOSAGE & DURATION								
	Code	Generic	Dosage	Duration		Instructi	ions	
	No Prescriptions F	listory Found						
Date: 02-06-24(dd/mm/yy)						Dr. Humaira Mumtaz General Practitioner		
Doctor's Name				ire and Stamp	Min		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: 02-06-24(dd/mm/yy)

Signature of Insued / Claimint

Copy of NGI - Pharmacy

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



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