

1.HealthNet	Policy	Num	ber
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1038-000-118347953-01 2. Authorization Code:

2. Patient Name

Ram Bahadur Bishokarma 10-11-77(dd/mm/yy)

✓ Male □

3. Patient Date of Birth & Sex

Mobile No.0567871263

Female

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency ☐ Yes ☐ No

7. Presenting Complaints:

PC: pruritic hyperpigmented lesion on the forehead.

Duration: one month (11/05/2024).

6. Are You the patient's primary physician

Exam: Lesion has central clearing with active margins.

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevent Past Medical/Surfgical History

DiagonosisiTinea barbae and tinea capitis, Tinea corporis

ICD Code B35.0, B35.4

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 Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION							
Code	Generic	Dosage	Duration	Instructions			
0207- 214402-0151	(BETAMETHASONE : N/A) (CLOTRIMAZOLE : N/A) CREAM	CREAM (20G, COLLAPSIBLE TUBE)	14	Take 1Cream 2 Time(s) per Day For 14 Day(s) others			
0031- 109204-1172	(TERBINAFINE (AS HCL) : 250 MG) TABLETS	TABLETS (14S, BLISTER PACK)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) after meal			
0195- 123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) others			

Date:

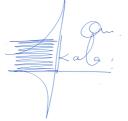
11-06-24(dd/mm/yy)

Doctor's Name

**Enomen Goodluck** 

Physician Code DHA-P-28040827 HNM Code

Signature and Stamp





## 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: 11-06-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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



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