



1.HealthNet Policy Number

2.Patient Name

3.Patient Date of Birth & Sex

5.Nature of illness or Injury

6.Are You the patient's primary physician

7.Presenting Complaints:

I038-000-120671490-01

2. Authorization Code:
BISHWASH KAUCHA NARAN SINGH KAUCHA
18-07-05(dd/mm/yy)
☒ Male ☐ Female
Mobile No.0568243102
☐ Acute ☐ Chronic ☐ Emergency
☐ Yes ☐ No

co fever running nose cough prulant bodyACHE 17 june 2024

Oe

enlarge tonsills

chest is congested no added sounds

restless

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surfghical History

DiagonosisiAcute upper respiratory infection, unspecified, Allergic rhinitis, unspecified, Fever, unspecified, Cough, Pain, unspecified

12.Etiology:

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

14.Plan / Details of Management

ICD Code J06.9, J30.9, R50.9, R05, R52

CPT code9,85025,85652,0195-107704-0801,0005-149902-1021,96372,0195-107704-0802

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.,Blood Count Complete Auto&Auto Difrntl Wbc Count,Sedimentation Rate Rbc Automated,CEFTRIAXONE-TABUK IV,CLOFEN ,Intramuscular injection,CEFTRIAXONE-TABUK IM-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

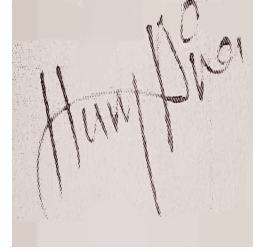
PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions
0252-179601-1161	(AMMONIUM CHLORIDE : N/A) (MENTHOL : N/A) (DIPHENHYDRAMINE : 14 MG/5 ML) SYRUP	SYRUP (100ML, BOTTLE)	1	Take 10ML 3 Time(s) per Day For 7 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0195-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others

Date: 20-06-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



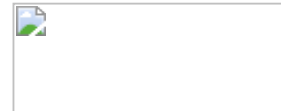
Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 20-06-24(dd/mm/yy)

Signature of Insured / Claimint

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

