



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:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

12.Etiology:

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

14.Plan / Details of Management

15.In Case of Hospitalization: Date of Admission:

16.

1038-000-119250381-01

MOHSIN MALIK

10-06-92(dd/mm/yy)

Mobile No.0528724764

Acute

Chronic

Emergency

Yes

No

co fever on and off watery diarrhea headache 23 june 2024

oe

watery diarrhea 3 episode in a day

chest is clear no added sounds

restless

DiagnosisFever, unspecified, Diarrhea, unspecified, Headache, unspecified, Dehydration ICD Code R50.9, R19.7, R51.9, E86.0

a.ProcedureBlood Count Complete Auto&Auto Difrntrl Wbc Count,C-Reactive Protein,Sedimentation Rate Rbc Automated,CEFTRIAXONE-TABUK IV,(METRONIDAZOLE : 5 MG/ML) SOLUTION FOR INFUSION,Administered intravenously,CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Intramuscular injection,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 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.

b.Laboratory Test:

c.Radiology / Investigations:

Date of Discharge:

2. Authorization Code:

☒ Male

☐ Female

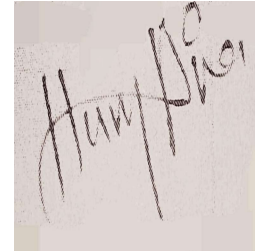
CPT code85025,86140,85652,0195-107704-0801,0138-116612-1001,96365,0005-149902-1021,96372,9

Code	Generic	Dosage	Duration	Instructions
3114-482003-0391	(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others
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
0102-230603-0831	(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (28.5G X 10, SACHET)	7	Take 1sachet 1Time(s) perDay For 7 Day(s) others

Date: 26-06-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE 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: 26-06-24(dd/mm/yy) Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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