



1.HealthNet Policy Number

I038-000-
119800219-01

2.
Authorization
Code:

2.Patient Name

RUTH WAMBUI KAMAU

3.Patient Date of Birth & Sex

10-03-85(dd/mm/yy)

☐ Male ☒ Female

5.Nature of illness or Injury

Mobile No.0551722092

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

co fever running nose pain in the throat 23 june 2024

oe

enlarge and inflamed tonsills

chest is clear no added sounds

restless

allergy to pencilline

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surficial History

DiagonosisFever, unspecified, Acute tonsillitis, unspecified, Pain, unspecified, Allergic rhinitis, unspecified

ICD Code R50.9, J03.90, R52, J30.9

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 Admmission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

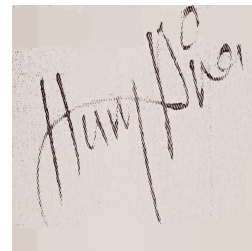
Code	Generic	Dosage	Duration	Instructions
0219-148602-0391	(CLARITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others
0195-	(METRONIDAZOLE : 500 MG) FILM	FILM COATED TABLETS	7	Take 1Tablets 2 Time(s) per Day

Code	Generic	Dosage	Duration	Instructions
116604-0391	COATED TABLETS	(20S, BLISTER PACK)		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
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others

Date: 28-06-24(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: 28-06-24(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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