



1. HealthNet Policy Number

I038-000-115438155- 2. Authorization
01 Code:

2. Patient Name

Temitope David Kojusola

3. Patient Date of Birth & Sex

02-08-84(dd/mm/yy)

☒ Male ☐ Female

5. Nature of illness or Injury

Mobile No. 0551157507

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

co fever on and off burning in the urine lower abdominal pain pain in throat and chest cough 2nd July 2024

oe

chest is wheezing

restless

taking tablet penadol at home

history of unprotected sexual intercourse 1 week before

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Fever, unspecified, Painful micturition, unspecified, Urinary tract infection, site not specified, Acute upper respiratory infection, unspecified, Cough

ICD Code R50.9, R30.9, N39.0, J06.9, R05

12. Etiology:

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

14. Plan / Details of Management

a. Procedure METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION , INJ-HYDROCORTISONE 500MG/4ML , IV INFUSION THERAPY -Antibiotics & Others, Blood Count Complete Auto & Auto Diffrntl Wbc Count, C-Reactive Protein, Sedimentation Rate Rbc Automated, Urnl Dip Stick/Tablet Reagent Auto Microscopy, CEFTRIAXONE-TABUK IV, Administered intravenously, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, nebulization with ventoline solution, 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 family's 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 code 0002-116601-

1001, INJ018, 96365, 85025, 86140, 85652, 81001, 0195-107704-0801, 96365, 0188-135906-2441, 94640, 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

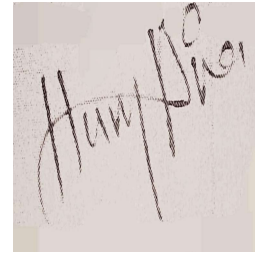
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0097-393801-2471	(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE)	1	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal
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
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others
0097-658501-0252	(TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (30 X 4.25G, SACHET)	7	Take 1sachet 3 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
0333-143602-1171	(CEFUROXIME : 500 MG) TABLETS	TABLETS (10S, FOIL STRIP)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others

Date: 07-07-24(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: 07-07-24(dd/mm/yy) Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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