1.HealthNet Policy Number: I038-000-118710432-01 2. Authorization Code:

2.Patient Name: PIR AFAQ SHAH FAROOQ SHAH

3.Patient Date of Birth & Sex: 18-04-91(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0581243550

5.Nature of illness or Injury: ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician: ☐ Yes ☐ No

7.Presenting Complaints:

PC: REDNESS BOTH LEGS MEDIAL SIDE OF LOWER LEGS 5 DAYS

ITCHING 5 DAYS

SOMETIME BLOOD OOZE WHEN HGE ITCH TOO MUCH 5 DAYS

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAllergic contact dermatitis, unspecified cause, Localized swelling, mass and lump, lower limb, bilateral

ICD Code L23.9, R22.43

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,(HYDROCORTISONE (AS SODIUM SUCCINATE) : 100 MG) POWDER FOR INJECTION,Administered intravenously,Blood Count Automated Differential Wbc Count,C-Reactive Protein,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., (HYDROCORTISONE (AS SODIUM SUCCINATE) : 100 MG) POWDER FOR INJECTION

CPT code0035-107704-1362,0248-469502-0801,96365,85004,86140,9,0248-469502-0801

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
2852-593701-0151	(CROTAMITON : 10% W/W) (HYDROCORTISONE : 0.25% W/W) CREAM	CREAM (15G, TUBE)	10	Take as per need on skin are apply gentlt twice a day 1Cream 2Time(s) perDay For 10 Day(s) after meal
0195-123701-0391	CETIRIZINE HCL	Tablet	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) evening before sleep

Date: 13-07-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-28040827 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: 13-07-24(dd/mm/yy) Signature of Insued / 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

HealthNet