1.HealthNet Policy Number I038-000-120193927-01 2. Authorization Code:

2.Patient Name HAMZA MUHAMAD

3.Patient Date of Birth & Sex 02-04-97(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0547553911

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

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

7.Presenting Complaints:

PC: SVERE ABDOMINAL PAIN 1 DAY

NAUSEA

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute gastritis without bleeding, Epigastric pain ICD Code K29.00, R10.13

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureSCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,RISEK 40MG-(OMEPRAZOLE : 40 MG) POWDER FOR INFUSION,Administered intravenously,(SODIUM CHLORIDE : 0.9 G/100ML) SOLUTION,Antibody Helicobacter Pylori,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION, (DEXTROSE : 50 MG/ML) (SODIUM CHLORIDE : 9 MG/ML) SOLUTION FOR INFUSION

CPT code0005-136504-1021,0005-174202-0781,96365,1104-111936-0991,86677,85025,86140,9.01,0265-150403-1021,0442-100109-1004

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
0252-150407-1171	(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BOX)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) before meal

Date: 25-07-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Physician Code DHA-P-28040827 HNM Code

Signature and Stamp

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

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: 25-07-24(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