



1.HealthNet Policy Number	I038-000-118863833-01	2. Authorization Code:
2.Patient Name	AYESHA BABAR BABAR BASHIR	
3.Patient Date of Birth & Sex	10-06-97(dd/mm/yy)	☐ Male ☒ Female
5.Nature of illness or Injury	Mobile No.0505884109	
6.Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency	
7.Presenting Complaints:	☐ Yes ☐ No	
PC: NASAL BLOCKAGE		
HISTORY OF NASAL SURGERY 10 07 2024		
8.Duration of Symptoms:		
9.Onset of Condition:		
10.Relevant Past Medical/Surgical History		
Diagnosis	ICD Code A01.00, J30.9, M54.5, R52, R09.81	
Typhoid fever, unspecified, Allergic rhinitis, unspecified, Low back pain, Pain, unspecified, Nasal congestion		
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,(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,Administered intravenously,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 code0325-107704-0801,2040-106618-1001,96365,9	

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

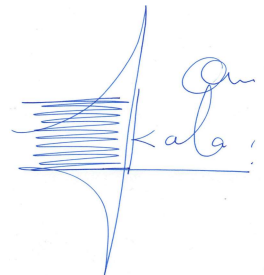
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0005-107001-0052	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
2733-646901-3851	(IPRATROPIUM BROMIDE MONOHYDRATE : 0.6 MG/ML) (XYLOMETAZOLINE HCL : 0.5 MG/ML) NASAL SPRAY	NASAL SPRAY (10ML, HDPE BOTTLE METERED DOSE SPRAY PUMP)	10	Take 1 Unit(s), 2 Time(s) per Day For 10 Day(s)

Date: 27-07-24(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: 27-07-24(dd/mm/yy)

Signature of Insured / 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

