



1. HealthNet Policy Number

I038-000-
118367313-01

2.
Authorization
Code:

2. Patient Name

GAURAV KESHAV KASTURE KESHAV
RAMCHANDRA KASTURE

3. Patient Date of Birth & Sex

20-08-96(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0528369387

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

PC: WOUND RIGHT TOE

PAIN

FEVER

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Puncture wound w/o foreign body, left lower leg, init encntr, Fever,
unspecified, Acute pain due to trauma

ICD Code S81.832A, R50.9, G89.11

12. Etiology:

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

14. Plan / Details of Management

a. Procedure (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,
(CEFTRIAZONE : 1 G) POWDER FOR INJECTION, PARAFUSIV I.V. 10MG/ML-
(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, (DIPHTHERIA TOXOID : ? 5
LF/0.5ML) (TETANUS TOXOID : ? 5 LF/0.5ML) SUSPENSION FOR
INJECTION, Intramuscular injection, 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 families 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.

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 1 Tablets 2 Time(s) per Day For 7 Day(s) after meal
4179- 711202-0391	(IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (12S, BLISTER)	7	Take 1 Tablets 2 Time(s) per Day For 7 Day(s) after meal

Date: 02-08-24(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

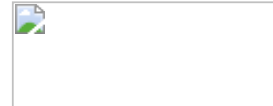
Authorization

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: 02-08-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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