



1.HealthNet Policy Number	1038-000-119346403-01	2. Authorization Code:
2.Patient Name	BEENISH BILLU WILLIAM	
3.Patient Date of Birth & Sex	10-01-91(dd/mm/yy)	☐ Male ☒ Female
5.Nature of illness or Injury	Mobile No.0506082785	
6.Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency	
7.Presenting Complaints:	☐ Yes ☐ No	
PC: Flu symptoms, nasal congestion, cough, pain in throat and fever.		
Duration: 3days.		
Associated chest pain and cough.		
8.Duration of Symptoms:		
9.Onset of Condition:		
10.Relevant Past Medical/Surgical History		
Diagnosis: Acute upper respiratory infection, unspecified, Fever, unspecified, Nasal congestion, Sneezing		ICD Code J06.9, R50.9, R09.81, R06.7
12.Etiology:		
13.In case of Injury:mode of Injury/place of Injury		
14.Plan / Details of Management		
a.Procedure: Blood Count Complete Auto&Auto Differntl 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 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.		CPT code 85025, 86140, 9
b.Laboratory Test:		
c.Radiology / Investigations:		
15.In Case of Hospitalization: Date of Admission:		Date of Discharge:

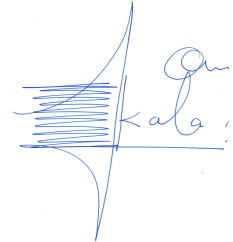
16. PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions
5253-649501-3851	(MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY	NASAL SPRAY (120 DOSE, PUMP SPRAY)	5	Take 1Spray 3 Time(s) per Day For 5 Day(s) others
0027-265802-1161	(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	7	Take 10ML 3Time(s) perDay For 7 Day(s) after meal
0788-106705-1171	(CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	4	Take 2Tablets 3 Time(s) per Day For 4 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0030-183201-0391	(FEXOFENADINE HCL : 120 MG) FILM COATED TABLETS	FILM COATED TABLETS (15S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) after meal
2027-560101-0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal

Date: 07-08-24(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: 07-08-24(dd/mm/yy) Signature of Insured / Claimint



Copy of NGI - Pharmacy

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