

7447			
1.HealthNet Policy Number	1038-000- 119490864-01	2. Authorization Code:	
2.Patient Name	NOMAN KHAN AKBAR ABBASI KHAN AKBAR ABBASI		
3.Patient Date of Birth & Sex	20-08-89(dd/mm/yy)		
	Mobile No.056903	32691	
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency		
6.Are You the patient's primary physician	☐ Yes ☐ No		
7.Presenting Complaints:			
Represented:			
C/o; Severe loose motion (diarrhea) for which he has had over 14episode	s today only,		
Now feels weak (BP observed to be low), has high grade fever, hiccups an severe upper abdominal pain.	d excessive belchir	ng which is discomforting and	
He had previously presented yesterday but symptoms has persisted.			
He is not a known hypertensive and not diabetic and has no other medica	al condition in the p	past.	
8.Duration of Symptoms:			
9.Onset of Condition:			
10.Relevent Past Medical/Surfgical History			
DiagonosisiAcute gastritis without bleeding, Infectious gastroenteritis and colitis, unspecified, Fever, unspecified, Diarrhea, unspecified, Epigastric pain, Abdominal distension (gaseous)	ICD Code K29.00,	A09, R50.9, R19.7, R10.13, R14.0	
12.Etiology:			
13.In case of Injury:mode of Injury/place of Injury			
14.Plan / Details of Management			

a.ProcedureAdministered intravenously,(SODIUM CHLORIDE: 0.9% W/V) SOLUTION FOR INFUSION, (CIPROFLOXACIN: 200 MG/100ML) SOLUTION FOR INJECTION, (METRONIDAZOLE: 500 MG/100ML) SOLUTION FOR INJECTION, PREMOSAN - (METOCLOPRAMIDE: 10 MG/2ML) SOLUTION FOR INJECTION,RISEK 40MG,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 MG/ML) 174202-0781,2190-106618-1001,9.01 SOLUTION FOR INFUSION,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)

CPT code96365,0384-111908-1002,1468-103205-1021,0056-116601-1021,0005-150403-1021,0005-

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission:

Date of Discharge:

6.		PRESCRIPTION WITH DOSAGE & DURATION					
	Code	Generic	Dosage	Duration	Instructions		
	0415- 200001- 1452	(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	1	take 2 capsules one time only and then repeat one capsule after every loose motion.		
	0137- 242802- 0342	(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (30S, BLISTER)	15	Take 1Tablets 2 Time(s) per Day For 15 Day(s) before meal		

Date: 14-08-24(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: 14-08-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy



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