



1.HealthNet Policy Number

1038-000-
115298209-01

2.
Authorization
Code:

2.Patient Name

Sobish Pullarathara Balan

3.Patient Date of Birth & Sex

16-05-86(dd/mm/yy)

☒ Male ☐
Female

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

pc: cold

runny nose

conjunctivitis

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis Acute nasopharyngitis [common cold], Acute atopic conjunctivitis, left eye,
Acute upper respiratory infection, unspecified

ICD Code J00, H10.12, J06.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure 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 9

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

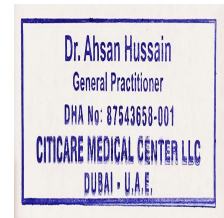
Date of Discharge:

PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions
1312- 533401- 3311	(BORIC ACID : 7MG/ML) (HP GUAR (HYDROXY PROPYL GUAR) : 1.9 MG/ML) (POLYETHYLENE GLYCOL 400 : 4 MG/ML) (POTASSIUM CHLORIDE : 1.2 MG/ML) (PROPYLENE GLYCOL : 3 MG/ML) (SODIUM CHLORIDE : 1 MG/ML) (SORBITOL : 14 MG/ML) EYE DROPS (SOLUTION)	EYE DROPS (SOLUTION) (10ML, DROPPER BOTTLE)	5	Take 1 Drops 2 Time(s) per Day For 5 Day(s) after meal
0195- 123701- 0391	CETIRIZINE HCL	Tablet	5	Take 1 Tablets 1 Time(s) per Day For 5 Day(s) after meal before sleep
0005- 938301- 3381	(CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET	CAPLET-TABLET (30S, BLISTER)	7	Take 1 Tablets 2 Time(s) per Day For 7 Day(s) after meal
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

Date: 04-09-24(dd/mm/yy)

Doctor's Name AHSAN HUSSAIN

Signature and Stamp



Physician Code DHA-P-87543658 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: 04-09-24(dd/mm/yy)

Signature of Insured / Claimant



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

