



1.HealthNet Policy Number

2.Patient Name

3.Patient Date of Birth & Sex

5.Nature of illness or Injury

6.Are You the patient's primary physician

7.Presenting Complaints:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

12.Etiology:

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

14.Plan / Details of Management

15.In Case of Hospitalization: Date of Admission:

16.

I038-000-112964322-01

ISAIAH JERONE PESCADOR ELIZARIO

12-09-15(dd/mm/yy)

☐ Acute ☐ Chronic ☐ Emergency

☐ Yes ☐ No

PC: Nasal congestion, cough and runny nose for the past 2 days.

Also has wheezing and now difficulty in breathing for the past 1hours.

DiagnosisMild persistent asthma with (acute) exacerbation, Wheezing, Other forms of dyspnea, Acute upper respiratory infection, unspecified

a.ProcedureNebulization,PULMICORT,VENTOLIN NEBULES,Gp Consultation

b.Laboratory Test:

c.Radiology / Investigations:

Date of Discharge:

PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions
0005-106604-1111	(PARACETAMOL : 120 MG/5ML) SUSPENSION	SUSPENSION (100ML, BOTTLE)	5	Take 10ML 3 Times Day For 5 Days
0027-128801-1971	(XYLOMETAZOLINE HYDROCHLORIDE : 0.05%) LIQUID FOR SPRAY (NASAL)	LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE)	5	Take 2Drops 2 Times Day For 5 Days
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	10	Take 5ML 1 Time Day For 10 Days meal
0186-127401-0852	(AZITHROMYCIN : 200 MG/5ML) POWDER FOR SUSPENSION	POWDER FOR SUSPENSION (30ML, GLASS BOTTLE)	3	Take 10ML 1 Time perDay For 3 Days meal

2. Authorization Code:

☒ Male [

Mobile No.0522363835

ICD Code J45.31, R06.2, R06.09, J06.9

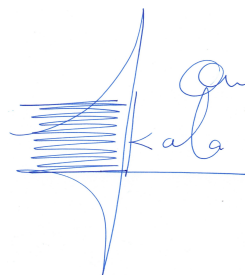
CPT code94640,0188-135906-2441,0006-40281

Code	Generic	Dosage	Duration	Instructions
0005-662702-0991	(PREDNISOLONE (SODIUM PHOSPHATE) : 15MG/5ML) SOLUTION	SOLUTION (120ML, BOTTLE)	5	Take 1ML 1 Tim Day For 5 Day(s)

Date: 05-09-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



Dr. Enomen Goc
General Prac
DHA No: 2804
CITICARE MEDICAL
DUBAI - U

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 me examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other per provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medi 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: 05-09-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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