



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:

I038-000-115298342-01

2. Authorization Code:

Ahmed Alaaeldin Mohyeldin Elsayed Nada

19-07-82(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0506690700

☐ Acute ☐ Chronic ☐ Emergency

☐ Yes ☐ No

co fever on and off taking penadol at home dry cough 9th sep. 2024

oe
enlarge tonsills
chest is wheezing
restless
smoker

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

DiagnosisAcute upper respiratory infection, unspecified, Fever, unspecified, Cough, Acute gastritis without bleeding

ICD CodeJ06.9, R50.9, R05, K29.00

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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 family's 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.,Blood Count Complete Auto&Auto DifrnI Wbc Count,C-Reactive Protein,CEFTRIAZONE-TABUK IV,CLOFEN ,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,nebulization with ventoline solution,Administered intravenously,Intramuscular injection,INJ-HYDROCORTISONE 100 MG/2ML

b.Laboratory Test:

c.Radiology / Investigations:

CPT code9,85025,86140,0195-107704-0801,0005-149902-1021,0125-122107-1022,0188-135906-2441,94640,96365,96372,INJ051

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

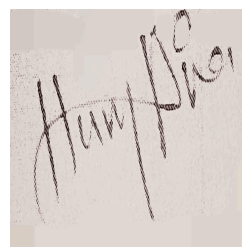
PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions
0102-169701-1161	(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (120ML, GLASS BOTTLE)	1	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0097-127405-0391	(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others
2118-290301-0391	LEVOCETIRIZINE DIHYDROCHLORIDE	Tablet	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others

Date: 13-09-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-54155530 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: 13-09-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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