



1. HealthNet Policy Number

I038-000-
118101322-01

2.
Authorization
Code:

2. Patient Name

MUHAMMAD USMAN RAZZAQ ABDUL
RAZZAQ

3. Patient Date of Birth & Sex

12-09-91(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0506373904

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

A case of multiple hyperaemic spots, mostly distributed on the lower trunk and perineum.

They are pruritic and slightly painful.

Psoriasis suspected, secondary syphilis also suspected.

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis Allergy, unspecified, sequela, Tinea pedis, Tinea corporis, Muscle weakness
(generalized)

ICD Code T78.40XS, B35.3, B35.4, M62.81

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 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.

CPT code 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

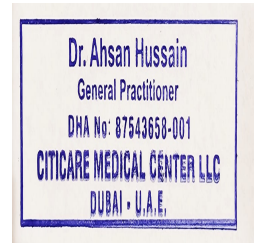
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
6852-998301-1171	(ASCORBIC ACID (VITAMIN C) : 250 MG) (BILBERRY EXTRACT : 160 MG) (BUTCHERS BROOM : 800 MG) (GOTU KOLA : 100 MG) (HISPERIDIN (CITRUS AURANTIUM) : 100 MG) (HORSE CHESTNUT (AESCULUS HIPPOCASTANUM-SEED) : 1000 MG) TABLETS	TABLETS (30S, BLISTER)	30	Take 1 Tablets 1 Time(s) per Day For 30 Day(s) after meal
0281-367801-0431	(CALCIPOTRIOL : 50 MCG/G) (BETAMETHASONE (AS DIPROPIONATE) : 0.5 MG/G) GEL	GEL (60G, HDPE BOTTLE)	30	Take 1 Cream 2 Time(s) per Day For 30 Day(s) others
0027-109204-1171	(TERBINAFINE (AS HCL) : 250 MG) TABLETS	TABLETS (14S, BLISTER PACK)	14	Take 1 Tablets 2 Time(s) per Day For 14 Day(s) others
0027-109206-0151	(TERBINAFINE (AS HCL) : 1%) CREAM	CREAM (15G, TUBE)	30	Take 1 Cream 2 Time(s) per Day For 30 Day(s) others

Date: 18-09-24(dd/mm/yy)

Doctor's Name AHSAN HUSSAIN

Signature and Stamp



Physician Code DHA-P-87543658 HNM Code

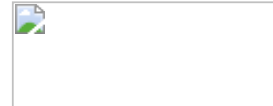
Authorization

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: 18-09-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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