



1.HealthNet Policy Number	I038-000-120121278-01	2. Authorization Code:			
2.Patient Name	SHAHAN ANWAR ANWAR HUSSAIN JAVED				
3.Patient Date of Birth & Sex	29-12-89(dd/mm/yy)	☒ Male	Female		
	Mobile No.0557868506				
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 cellulitis of the buttocks with subcutaneous abscess				
8.Duration of Symptoms:					
9.Onset of Condition:					
10.Relevent Past Medical/Surfgical History					
Diagonosisi	Other ischiorectal abscess, Cellulitis of buttock, Fever, unspecified				
	ICD Code K61.39, L03.317, R50.9				
12.Etiology:					
13.In case of Injury:mode of Injury/place of Injury					
14.Plan / Details of Management					
a.ProcedureAdministered					
intravenously,CEFTRIAXONE-TABUK IV, (METRONIDAZOLE : 500 MG/100ML) SOLUTION	CPT				
FOR INFUSION,CLOFEN ,Intramuscular injection,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)	code96365,0195-107704-0801,0131-116601-1001,0005-149902-1021,5				
b.Laboratiry 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
	No Prescriptions History Found				
Date:	19-09-24(dd/mm/yy)				
Doctor's Name	Enomen Goodluck		Signature and Stamp		
Physician Code	DHA-P-28040827		HNM Code		
Authorization					

Dr. Enomen Goodluck
General Practitioner
DHA No: 2804
CITICARE MEDICAL
DUBAI - U.A.E.

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: 19-09-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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