



1.HealthNet Policy Number I038-000-119101650-01 2. Authorization Code:
2.Patient Name MUSTAPHA MESBAH M BOUHADDA
3.Patient Date of Birth & Sex 28-05-98(dd/mm/yy) ☒ Male ☐ Fem
Mobile No.0524969951
5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency
6.Are You the patient's primary physician ☐ Yes ☐ No
7.Presenting Complaints:
8.Duration of Symptoms:
9.Onset of Condition:
10.Relevant Past Medical/Surgical History
Diagnosis Low back pain, Muscle spasm of back ICD Code M54.5, M62.830
12.Etiology:
13.In case of Injury:mode of Injury/place of Injury
14.Plan / Details of Management

a.Procedure 9.019.01 - (9.01) - Follow Up - Consultation CPT code 9.01
GP - (AED 0.0000)

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
0027-142201-0832	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	5	Take 1sachet 2 Time For 5 Day(s) others

Date: 25-09-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp

Dr. Humaira
General Practitioner
DHA No: 5415530
CITICARE MEDICAL
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 medical examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other provider to provide medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, 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: 25-09-24(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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