

1.He	ealthNet Policy Nun	nber		1038-000-11910	1650-01	2. Authorization Code:	
2.Pa	atient Name			MUSTAPHA MES	BAH M BO	JHADDA	
3.Pa	atient Date of Birth	& Sex		28-05-98(dd/m	m/yy)	✓ Male	
				Mobile No.052	4969951		
5.Na	ature of illness or In	jury		☐ Acute ☐ Chronic ☐ Emergency			
6.Ar	re You the patient's	primary physician		☐ Yes ☐ No			
7.Pr	esenting Complaint	s:					
8.Dı	uration of Symptom	s:					
9.0	nset of Condition:						
10.F	Relevent Past Medic	al/Surfgical History					
Diag	gonosisiLow back pair	n, Muscle spasm of back		ICD Code M54	.5, M62.830)	
12.E	Etiology:						
13.I	n case of Injury:mo	de of Injury/place of Injury					
14.F	Plan / Details of Mai	nagement					
		L - (9.01) - Follow Up - Consultation GP - LOFENAC SODIUM : 75 MG/3ML) SOLU llar injection		CPT code9.01,0	0005-14990	2-1021,96372	
	b.Laboratiry Test:						
	c.Radiology / Invest	igations:					
15.I	n Case of Hospitaliz	ation: Date of Addmission:		Date of Discha	arge:		
16.	PRESCRIPTION WITH DOSAGE & DURATION						
	Code	Generic	Dosage		Duration	Instructions	
	0027-142201-0832	(DICLOFENAC POTASSIUM : 50 MG)	POWDE	R FOR	5	Take 1sachet 2 Tim	

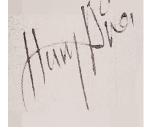
25-09-24(dd/mm/yy) Date:

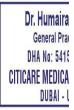
Doctor's Name Humaira

POWDER FOR SOLUTION

Signature and Stamp

SOLUTION (9S, SACHET)





For 5 Day(s) others

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 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.

1 of 2 9/25/2024, 3:23 PM

A Photoco	py or teletax copy of this authorization	n shall be considered effective any valid as the original	
Date:	25-09-24(dd/mm/yy)	Signature of Insued / Claimint	

Copy of NGI - Pharmacy

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



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