

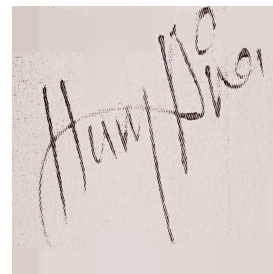


1.HealthNet Policy Number	I038-000-115298208-01	2. Authorization Code:										
2.Patient Name	ELMIRA TUNGATAROVA											
3.Patient Date of Birth & Sex	14-12-89(dd/mm/yy)	☐ M Fema										
5.Nature of illness or Injury	Mobile No.0528192062	☐ Acute ☐ Chronic ☐ Emergency										
6.Are You the patient's primary physician	☐ Yes ☐ No											
7.Presenting Complaints:												
h/f kidney disease from childhood but she do not know the status OF THE KIDNEY RIGHT NOW												
face pimples itchy having sea food												
oe chest is clear no addded sound												
stable												
8.Duration of Symptoms:												
9.Onset of Condition:												
10.Relevant Past Medical/Surgical History												
Diagnosis	Localized swelling, mass and lump, unspecified, Pain, unspecified	ICD Code R22.9, R52										
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 families 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.												
b.Laboratory Test:												
c.Radiology / Investigations:												
15.In Case of Hospitalization: Date of Admission:	Date of Discharge:											
16.	PRESCRIPTION WITH DOSAGE & DURATION											
	<table><thead><tr><th>Code</th><th>Generic</th><th>Dosage</th><th>Duration</th><th>Instructions</th></tr></thead><tbody><tr><td>0006-131401-0151</td><td>(BETAMETHASONE : 0.1%) CREAM</td><td>CREAM (30G, TUBE)</td><td>1</td><td>Take 1Cream 1 Time(s) per Day Day(s) others</td></tr></tbody></table>	Code	Generic	Dosage	Duration	Instructions	0006-131401-0151	(BETAMETHASONE : 0.1%) CREAM	CREAM (30G, TUBE)	1	Take 1Cream 1 Time(s) per Day Day(s) others	
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Date: 11-10-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira
General Practitioner
DHA No: 5415
CITICARE MEDICAL
DUBAI - L

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 person provided 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: 11-10-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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