



1.HealthNet Policy Number

I038-000-121378269-01

2. Authorization
Code:

2.Patient Name

NARESH CHANDRA RAJENDRA PRASAD

3.Patient Date of Birth & Sex

13-01-89(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0524764967

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

co skin eruption 27 th sep. 2024

oe chest is clear no added sounds

restless

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis Rash and other nonspecific skin eruption

ICD Code R21

12.Etiology:

13.In case of Injury:mode of Injury/place of Injury

14.Plan / Details of Management

a.Procedure GP repeat visit for OP Consultation refers to week 2,
3 & 4 from the date of initial consultation for same illness in OPD. CPT code 9.02

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

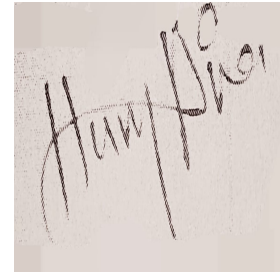
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0880-609601-0571	(CALAMINE : 15 G/100ML) (ZINC OXIDE : 5 G/100ML) (PHENOL : 0.5 G/100ML) (BENTONITE : 3 G/100ML) LOTION	LOTION (15, PLASTIC BOTTLE)	5	Take 1 Lotion 1 per Day For 5 Days

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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