0027-265802-1161



Code	Generic	Dosage	Duration	Instructions	
	PRESCRIPTION WITH	I DOSAGE & DU	RATION		
n Case of Hospitaliza	ation: Date of Addmission:		Date of Disch	arge:	
b.Laboratiry Test:					
a.ProcedureLipid Pan established patient, wh history; A problem foct making. Counseling an are provided consisten or familys needs. Usua	nel, Uric Acid Blood, Office consultation for a nich requires these 3 key components: A proused examination; and Straightforward med d/or coordination of care with other provid that the nature of the problem(s) and the lly, the presenting problem(s) are self limite	oblem focused lical decision ers or agencies patients and/ ed or minor.	CPT code8006	1,84550,9	
tiology:					
DiagonosisiEssential (primary) hypertension, Hyperlipidemia, unspecified, Gout, unspecified. Acute upper respiratory infection, unspecified. Cough			ICD Code I10, E78.5, M10.9, J06.9, R0		
Relevent Past Medic	al/Surfgical History				
nset of Condition:					
uration of Symptoms	s:				
is known hypertensive	controlled on medications and hyperlipide	nic patient			
a history of hyperurice	mia but has not been on medications for ov	er 5months now	v.		
plaint of joint pain,					
medication refill.					
esenting Complaint	S:				
6.Are You the patient's primary physician			☐ Yes ☐ No		
5.Nature of illness or Injury			Mobile No.0522363934  ☐ Acute ☐ Chronic ☐ Emergency		
3.Patient Date of Birth & Sex			28-12-81(dd/mm/yy)		☐ N Fema
2.Patient Name			MYLA GONZALES ELIZARIO		
1.HealthNet Policy Number			2. I038-000-115721598-01 Authorization Code:		rizatio
	atient Name atient Date of Birth & Sture of illness or Ingre You the patient's resenting Complaint medication refill.  plaint of joint pain, a history of hyperurice is known hypertensive furation of Symptom as the of Condition: Relevent Past Medic gonosisiEssential (prince if in Case of Injury: more itiology: In case itiology: In ca	attient Date of Birth & Sex  atture of illness or Injury re You the patient's primary physician resenting Complaints:  medication refill.  plaint of joint pain,  a history of hyperuricemia but has not been on medications for oversis known hypertensive controlled on medications and hyperlipider for a primary in the patient of Symptoms:  medication of Symptoms:  medications and hyperlipider  making Condition:  all procedure upper respiratory infection, unspecified, Cough  medication of Injury:  medication of Injury place of Injury  plan / Details of Management  a. Procedure Lipid Panel, Uric Acid Blood, Office consultation for a  mestablished patient, which requires these 3 key components: A pro-  mistory; A problem focused examination; and Straightforward medications and Straightforward medications.  medication refill.  plaint of joint pain,  medication refill.  medication refil.  medication refil.  medication refil.  medication refil.  m	attient Name  attient Date of Birth & Sex  ature of illness or Injury  re You the patient's primary physician esenting Complaints:  medication refill.  plaint of joint pain,  a history of hyperuricemia but has not been on medications for over 5months nov is known hypertensive controlled on medications and hyperlipidemic patient  curation of Symptoms:  neet of Condition: Relevent Past Medical/Surfgical History gonosisiEssential (primary) hypertension, Hyperlipidemia, unspecified, Gout, pecified, Acute upper respiratory infection, unspecified, Cough eticlology:  n case of Injury:mode of Injury/place of Injury  Plan / Details of Management  a.ProcedureLipid Panel,Uric Acid Blood,Office 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 familys 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.Laboratiry Test: c.Radiology / Investigations: n Case of Hospitalization: Date of Addmission:  PRESCRIPTION WITH DOSAGE & DU	Attent Name  MYLA GONZALI  attent Date of Birth & Sex  28-12-81(dd/n  Mobile No.05  Acute C  Acute C  Yes No  esenting Complaints:  medication refill.  plaint of joint pain,  a history of hyperuricemia but has not been on medications for over 5months now.  Is known hypertensive controlled on medications and hyperlipidemic patient  aration of Symptoms:  Inset of Condition:  Relevent Past Medical/Surfgical History  gonosisiEssential (primary) hypertension, Hyperlipidemia, unspecified, Gout, ecified, Acute upper respiratory infection, unspecified, Cough  Etiology:  ICD Code I10,  Palan / Details of Management  a.ProcedureLipid Panel,Uric Acid Blood,Office 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 familys 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.Laboratiry Test:  c.Radiology / Investigations:  n Case of Hospitalization: Date of Addmission:  Date of Disch	titient Name  MYLA GONZALES ELIZARIO  Acute Date of Birth & Sex  28-12-81(dd/mm/yy)  Mobile No.0522363934  Acute of illness or Injury  The You the patient's primary physician  The Yes No  Th

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(BUTAMIRATE DIHYDROGEN CITRATE :

0.15% W/V) SYRUP

Dosage

BOTTLE)

SYRUP (200ML,

7

Take 10ML 2 Time(s) p

7 Day(s) others

Date: 16-10-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp





Physician Code DHA-P-28040827 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, medion 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

Provide the second seco

Date: 16-10-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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



NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae

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