



1.HealthNet Policy Number

I038-000-

115298216-01

2. Authorization
Code:

2.Patient Name

OKEZIE THEOPHILIUS NDUCHE

3.Patient Date of Birth & Sex

17-08-79(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0568531697

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: Acute gastritis with bleeding

ICD Code K29.01

12.Etiology:

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

14.Plan / Details of Management

a.Procedure:PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40

MG) POWDER FOR INFUSION,Administered intravenously,9.019.01 - (9.01) - CPT code0005-242802-0781,96365,9.01

Follow Up - Consultation 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
0195-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0219-148602-0391	(CLARITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others

Date: 18-10-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
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 mentioned examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medical condition or 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: 18-10-24(dd/mm/yy)

Signature of Insured / Claimint



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

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