



1.HealthNet Policy Number

1038-000-
121473644-012.
Authorization
Code:

2.Patient Name

SADATI KYAGULANYI

3.Patient Date of Birth & Sex

14-08-86(dd/mm/yy)

☒ Male ☐
Female

Mobile No.0529641798

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

co back pain beart burn pain in epigastric region 15th oct 2024

oe

chest is clear no added sounds

restless

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surfghical History

DiagnosisiAcute gastritis without bleeding, Muscle spasm of back, Pain, unspecified

ICD Code K29.00, M62.830, R52

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Antibody Helicobacter Pylori,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,Intramuscular injection,Administered intravenously,Office consultation for a new or established patient, which requires these 3 key components: A CPT code85025,86140,86677,0005-149902-1021,0005-242802-0781,96372,96365,9 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:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

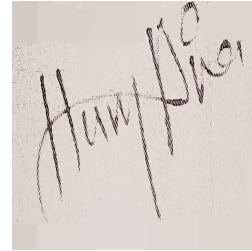
Code	Generic	Dosage	Duration	Instructions
2093-596002-0432	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	1	Take 1Gel 1Time(s) perDay For 1 Day(s) others
0005-223401-0391	(NAPROXEN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER)	5	Take 1Tablet as per need

Code	Generic	Dosage	Duration	Instructions
1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0270-189301-0081	(ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS	CHEWABLE TABLETS (12S, BOX)	7	Take 1Tablets 3 Time(s) per Day For 7 Day(s) others
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM)) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others

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

Doctor's Name Humaira

Signature and Stamp



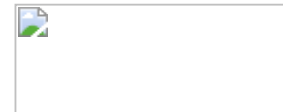
Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 24-10-24(dd/mm/yy) Signature of Insured / Claimant

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

