



1. HealthNet Policy Number

I038-000-
117646756-012.
Authorization
Code:

2. Patient Name

OLORUNDA EHINMISAN

3. Patient Date of Birth & Sex

02-12-80(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0557587359

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

co urine is foaming dark colour pain in the urine sep. 2024

Oe chest is clear no added sounds

restless

alcol only on occusion

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis Urinary tract infection, site not specified, Painful micturition, unspecified,
Fever, unspecified

ICD Code N39.0, R30.9, R50.9

12. Etiology:

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

14. Plan / Details of Management

a. Procedure Blood Count Complete Auto & Auto Diffrntl Wbc Count, C-Reactive Protein, Urns Dip Stick/ Tablet Reagent Auto Microscopy, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION, Administered intravenously, LACTATED RINGERS INJECTION USP, CIPROFLOXACIN, GENERAL WELNES CHECKUP (55 TEST), 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 family 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.

CPT code 85025, 86140, 81001, 0002-116601-
1001, 96365, 0102-152902-
1001, 30042033, 101, 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

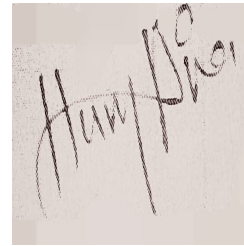
Code	Generic	Dosage	Duration	Instructions
0097-658501-0251	(TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (10 X 4.25G, SACHET)	7	Take 1 Tablets 3 Time(s) per Day For 7 Day(s) others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1 Tablets 2 Time(s) per Day For 6 Day(s) others
0195-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	Take 1 Tablets 2 Time(s) per Day For 7 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0355-103201-0391	(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others

Date: 28-10-24(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

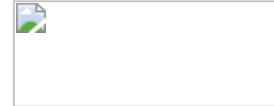
Authorization

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: 28-10-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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