1.HealthNet Policy Number I038-000-120174220-01 2. Authorization Code:

2.Patient Name Diluka Senavirathna Rangiri pathiranage

3.Patient Date of Birth & Sex 02-07-83(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0543529670

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

co fever dry cough bodypain 27th oct 2024

0e chest is congested no added sounds

restless

diabetic taking medicine

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute upper respiratory infection, unspecified, Fever, unspecified, Cough, Acute gastritis without bleeding, Allergic rhinitis, unspecified, Type 2 diabetes mellitus w diabetic neuropathic arthropathy ICD Code J06.9, R50.9, R05, K29.00, J30.9, E11.610

12.Etiology:

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

14.Plan / Details of Management

a.Procedure 9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),Intramuscular injection,(DICLOFENAC SODIUM : 75 MG/3ML) INJECTION,Administered intravenously,CEFTRIAXONE-TABUK IV,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(SODIUM CHLORIDE : 0.9%) SOLUTION FOR INFUSION CPT code 9.01,96372,0252-149902-0511,96365,0195-107704-0801,2190-106618-1001,2305-111903-1001

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

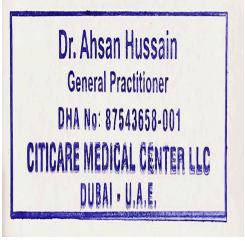
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 01-11-24(dd/mm/yy)

Signature and Stamp



Doctor's Name AHSAN HUSSAIN

Physician Code DHA-P-87543658 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: 01-11-24(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

HealthNet