



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:

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

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

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: Cul Bact Xcpt Urine Blood/Stool Aerobic Isol, CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION, Intramuscular injection, SODIUM CHLORIDE B.P., Administered intravenously, GRBS, Cul Bact Aerobic Addl Meths Definitive Ea Isol, 9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)

CPT code 87070, 0005-149902-1021, 96372, 0102-111908-1001, 96365, 82947-1, 87077, 9.01

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
No Prescriptions History Found				

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

Signature of Insured / Claimant



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

