



1. HealthNet Policy Number

2. Patient Name

3. Patient Date of Birth & Sex

5. Nature of illness or Injury

6. Are You the patient's primary physician

7. Presenting Complaints:

pc: urinary burning 3 day

fever 2 days

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Urinary tract infection, site not specified, Fever, unspecified

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: TRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION, Administered intravenously, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, Intramuscular injection, 9.019.01 - (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.

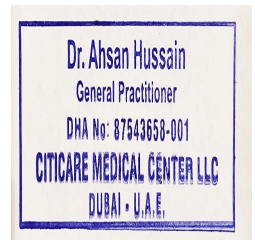
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 08-11-24(dd/mm/yy)

Doctor's Name AHSAN HUSSAIN

Signature and Stamp



Physician Code DHA-P-87543658 HNM Code

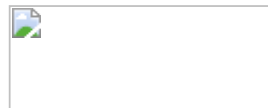
Authorization

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: 08-11-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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