
NGI

1.HealthNet Policy Number I038-000-121123850-01 2. Authorization Code:

2.Patient Name HAIDER ALI DILDAR ALI

3.Patient Date of Birth & Sex 12-11-92(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0565350914

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

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

7.Presenting Complaints:

co ear pain both sides water discharge from the rt side ear fever on and off bodyache taking tablet at home penadol 28th oct 2024

oe chest is clear no added sounds

restless smoker

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute serous otitis media, bilateral, Fever, unspecified, Allergic rhinitis, unspecified, Acute gastritis without bleeding ICD Code H65.03, R50.9, J30.9, K29.00

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureGP repeat visit for OP Consultation refers to week 2, 3 & 4 from the date of initial consultation for same illness in OPD. CPT code9.02

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

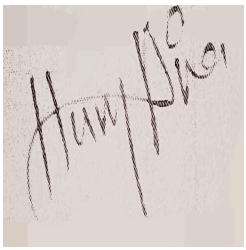
PRESCRIPTION WITH DOSAGE & DURATION

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| No Prescriptions History Found | | | | |

Date: 10-11-24(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: 10-11-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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