



1.HealthNet Policy Number

I038-000-  
120415702-012.  
Authorization  
Code:

2.Patient Name

JOSHUA JOSE PARACKAL

3.Patient Date of Birth &amp; Sex

08-11-95(dd/mm/yy)

☒ Male ☐  
Female

Mobile No.0568807636

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, Allergic rhinitis, unspecified,  
Urinary tract infection, site not specified, Cough, Acute gastritis without bleedingICD Code J06.9, J30.9, N39.0, R05,  
K29.00

12.Etiology:

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

14.Plan / Details of Management

a.Procedure: CEFTRIAXONE-TABUK IV,(METRONIDAZOLE : 500 MG/100ML)

SOLUTION FOR INFUSION, Administered intravenously, 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 families 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., 9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)

CPT code 0195-107704-0801, 0131-  
116601-1001, 96365, 9, 9.01

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

## PRESCRIPTION WITH DOSAGE &amp; DURATION

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

Date: 15-11-24(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: 15-11-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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