



1.HealthNet Policy Number

I038-000-118180006-01

2. Authorization Code:

2.Patient Name

ABDULRAHMAN MUSA BALA

3.Patient Date of Birth & Sex

20-07-89(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0582130863

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

PC: lthing lesion on the penis.

weakness

Duration: 4 days ago (12/11/2024).

Exam: fungal penile rash

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

DiagnosisCandidal balanitis, Acute gastritis without bleeding, Weakness

ICD Code B37.42, K29.00, R53.1

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrentl Wbc Count,C-Reactive Protein,Urnls Dip Stick/Tablet Reagent Auto Microscopy,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 familys 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.

CPT code85025,86140,81001,9

b.Laboratiry 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                                         |
|------------------|---------------------------------------------------|-------------------------------|----------|------------------------------------------------------|
| 0027-109205-1171 | (TERBINAFINE (AS HCL) : 125 MG) TABLETS           | TABLETS (14S, BLISTER PACK)   | 14       | Take 1Tablets 1 Time(s) per Day For 14 Day(s) others |
| 0005-107001-0051 | (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS | CAPLETS (24S, BOX)            | 4        | Take 2Tablets 3 Time(s) per Day For 4 Day(s) others  |
| 0207-214402-0151 | (BETAMETHASONE : N/A) (CLOTRIMAZOLE : N/A) CREAM  | CREAM (20G, COLLAPSIBLE TUBE) | 7        | Take 1Ointment 2 Time(s) per Day For 7 Day(s) others |

Date: 17-11-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

Physician Code DHA-P-28040827 HNM Code



**Dr. Enomen Goodluck Ekata**  
General Practitioner  
DHA No: 28040827-001  
**CITICARE MEDICAL CENTER LLC**  
DUBAI - U.A.E.

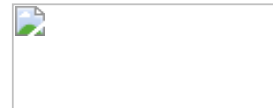
**Authorization**

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: 17-11-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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