



1. HealthNet Policy Number

1038-000-
119067709-01

2. Authorizati
Code:

2. Patient Name

DIVIAN ARGEL PAGADUAN

3. Patient Date of Birth & Sex

29-05-95(dd/mm/yy) ☐ Ferr

5. Nature of illness or Injury

Mobile No. 0551265964

☐ Acute ☐ Chronic ☐ Em

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

pc: headache

pain is only right side of head

pregnant with 3rd trimester

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Migraine w/o aura, not intractable, w/o status migrainosus, Headache, unspecified

ICD Code G43.009, R51.9

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) 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 family's 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 code 2190-106618-1001,

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

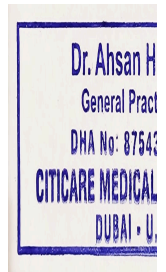
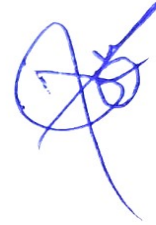
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 18-11-24(dd/mm/yy)

Doctor's Name AHSAN HUSSAIN

Signature and Stamp



Physician Code DHA-P-87543658 HNM Code

Authorization

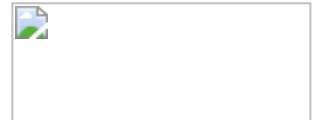
I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above medical examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, 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: 18-11-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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