



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: cough started today 18/11/2024

fever 18/11/2024

body pain

flu

hreadache 18/11/2024

vomiting 2 times yet started 6 hours before

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Acute nasopharyngitis [common cold], Acute bronchitis, unspecified, Low back pain, Nausea with vomiting, unspecified, Gastro-esophageal reflux disease without esophagitis

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,RISEK 40MG,PULMICORT,nebulization with ventoline solution,Administered intravenously,Intramuscular injection,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,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.

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admision:

16.

I038-000-

118712255-01

2. Authorizat

Code:

KILLUR DHANUSH KUMAR NAGESH

04-02-95(dd/mm/yy)

☒ M

Fema

Mobile No.052624231

☐ Acute ☐ Chronic ☐ Emerge

☐ Yes ☐ No

ICD Code J06.9, J00, J20.9, M54.5 K21.9

CPT code0195-107704-0801,21901001,0125-122107-1022,0005-1740781,0188-135906-2441,94640,96365,96372,85025,8

Date of Discharge:

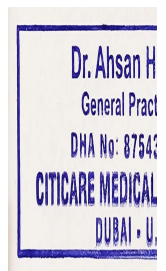
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-150407-1173	(METOCLOPRAMIDE : 10 MG TABLETS	TABLETS (500S, BLISTER PACK	7	Take 1Tablets 2 per Day For 7 D meal
0027-265802-1161	(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP	SYRUP (200ML, BOTTLE	7	Take 1Syrup 2 T Day For 7 Day(s meal
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 per Day For 7 D meal
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 perDay For 7 D meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 1 per Day For 5 D others

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)

NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae

