

1.He	1.HealthNet Policy Number				38-000- 8712255-01	2. Authorization Code:	
2.Patient Name					KILLUR DHANUSH KUMAR NAGESH		
3.Patient Date of Birth & Sex				04	04-02-95(dd/mm/yy) ✓ Male ☐ Female		
				M	lobile No.052624	2318	
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.Relevent Past Medical/Surfgical History							
DiagonosisiAcute upper respiratory infection, unspecified, Acute bronchitis, unspecified, Low back pain, Nausea with vomiting, unspecified, Gastro-esophageal reflux disease without esophagitis  12.Etiology:  ICD Code J06.9, J20.9, M54.5, R11.2, K21.9							
13.In case of Injury:mode of Injury/place of Injury							
14.Plan / Details of Management							
a.Procedure9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),Administered intravenously,(CEFTRIAXONE (AS SODIUM) : 2 G) CPT code9.01,96365,0005-409501-0781 POWDER FOR INFUSION						65,0005-409501-0781	
b	.Laboratiry Test:						
c.Radiology / Investigations:							
15.In	In Case of Hospitalization: Date of Addmission:				Date of Discharge:		
16. PRESCRIPTION WITH DOSAGE & DURATION							
	Code	Generic	Dosage	Duration	In	structions	
	No Prescriptions F	listory Found			:		
Date: 19-11-24(dd/mm/yy)  Dr. Ahsan Hussain General Practitioner DHA No: 87543658-001							
Doctor's Name AHSAN HUSSAIN  Signature and Stamp  OHA NO: 87543658-001  CITICARE MEDICAL CENTER LLC  OUBAIL U.A.E.							
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 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: 19-11-24(dd/mm/yy) Signature of Insued / Claimint							

Copy of NGI - Pharmacy



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