



1. HealthNet Policy Number

I038-000-
116335104-012.
Authorization
Code:

2. Patient Name

IHSSANE GARAA

3. Patient Date of Birth & Sex

23-06-90(dd/mm/yy)

☐ Male ☒ Female

Mobile No. 0566582634

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

co fever on and off dry cough running nose bodyache 16th nov. 2024

oe

chest is congested no added sounds

restless

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute upper respiratory infection, unspecified, Allergic rhinitis, unspecified, Cough, Fever, unspecified, Acute gastritis without bleeding

ICD Code J06.9, J30.9, R05, R50.9, K29.00

12. Etiology:

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

14. Plan / Details of Management

a. **Procedure** 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 patient's 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 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

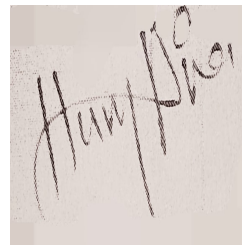
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0248-135501-1161	(DEXTROMETHORPHAN : 125 MG/100ML (DIPHENHYDRAMINE : 100 MG/100ML (EPHEDRINE : 150 MG/100 ML (GUAIFENESIN : 10 MG/ML SYRUP	SYRUP (125ML, BOTTLE	7	Take 1 Syrup 3 Time(s) per Day For 7 Day(s) after meal
0005-107102-0451	(DIPHENHYDRAMINE : 50 MG) (PARACETAMOL : 650 MG) GRANULES	GRANULES (20G X 6, SACHET)	1	Take 1 Unit(s), 1 Time(s) per Day For 1 Day(s)
0156-116708-1171	(DIPHENHYDRAMINE : 50 MG) TABLETS	TABLETS (10S, BOX)	1	Take 10ML 3 Time(s) per Day For 7 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1 Tablet at night

Date: 21-11-24(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: 21-11-24(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

