



1.HealthNet Policy Number

I038-000-
115298155-012.
Authorization
Code:

2.Patient Name

DAYANANDA BAJAKKAREMOOLE
SUBBAPURUSHA

3.Patient Date of Birth & Sex

28-02-65(dd/mm/yy)

☒ Male ☐
Female

5.Nature of illness or Injury

Mobile No.505882976

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

co fever on and off vomitting diarrhea 19th nov . 2024

oe chest is clear no added sounds

restless

A known diabetic and hyperlipidemic patient. Has a previous history of TIA/stroke for which he is on regular aspirin. Has a previous history of TIA/stroke for which he is on regular aspirin.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis Infectious gastroenteritis and colitis, unspecified, Fever, unspecified, Vomiting, unspecified

ICD Code A09, R50.9, R11.10

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 patients and/or families 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.,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,CEFTRIAXONE-TABUK IV,PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,(METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION,Administered intravenously,Intramuscular injection

CPT code 9,85025,86140,0195-107704-0801,0005-150403-1021,0148-116601-1001,96365,96372

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

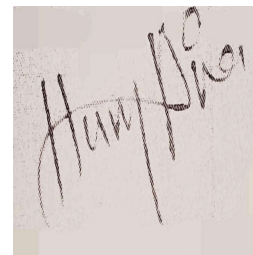
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0265-150407-1171	(METOCLOPRAMIDE : 10 MG TABLETS	TABLETS (20S, BLISTER PACK	3	Take 1Tablet as per need
1795-502202-1451	(SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (12S, BLISTER)	7	Take 1Capsule 3 Time(s) per Day For 7 Day(s) others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others
0067-116604-0391	(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0219-142902-1452	(CEFIXIME : 400 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (6S, BLISTER PACK	7	Take 1Capsule 1Time(s) perDay For 7 Day(s) others

Date: 22-11-24(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: 22-11-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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