



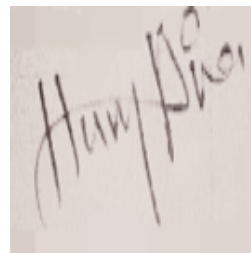
1.HealthNet Policy Number	I038-000- 2. 121123850- Authorization 01 Code:			
2.Patient Name	HAIDER ALI DILDAR ALI			
3.Patient Date of Birth & Sex	12-11-92(dd/mm/yy) ☐ Male ☐ Female			
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency			
6.Are You the patient's primary physician	☐ Yes ☐ No			
7.Presenting Complaints:				
CO FEVER on and off bodyache throat pain dry cough 25th nov. 2024				
oe chest is congested no added sounds				
restless				
he is already started antibiotics cefixime 400mg bid				
8.Duration of Symptoms:				
9.Onset of Condition:				
10.Relevant Past Medical/Surgical History				
Diagnosis: Acute pharyngitis, unspecified, Acute upper respiratory infection, unspecified, Fever, unspecified, Cough, Acute gastritis without bleeding	ICD Code J02.9, J06.9, R50.9, R05, 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 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..CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION, Intramuscular injection, CEFTRIAXONE-TABUK IV, Administered intravenously 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
0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	Take 10 ml three times in a day
0207-142902-1451	(CEFIXIME : 400 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	7	Take 1 Capsule 2 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
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others

Date: 27-11-24(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: 27-11-24(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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