



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:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

12.Etiology:

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

14.Plan / Details of Management

15.In Case of Hospitalization: Date of Admission:

I038-000-113991289-01

Soumia Benraqqouch

10-04-88(dd/mm/yy)

Mobile No.0503516005

☐ Acute ☐ Chronic ☐ Emergency

☐ Yes ☐ No

2. Authorization Code:

☐ Male ☒ Female

co fever on and off productive cough runny nose 1st dec. 2024

oe chest is congested no added sounds

restless

diabetic taking tablet

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

a.ProcedureGp Consultation,Blood Count Complete Auto&Auto Diffrntl Wbc Count,C-Reactive Protein,CEFTRIAXONE-TABUK IV,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Intramuscular injection,IV fluid admistration,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,Nebulization,Gp Consultation

b.Laboratory Test:

c.Radiology / Investigations:

Date of Discharge:

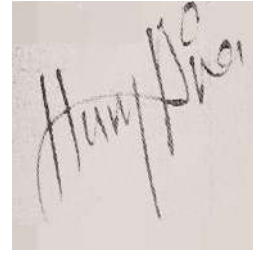
PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions
6445-533801-1561	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER)	7	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others
0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal
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
0139-116206-	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others

Code	Generic	Dosage	Duration	Instructions
1171				
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablet at night

Date: 03-12-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp

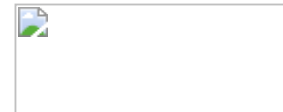



Physician Code DHA-P-54155530 HNM Code

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: 03-12-24(dd/mm/yy) Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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