



1. HealthNet Policy Number

1038-000-
121696983-01

2. Authorization
Code:

2. Patient Name

NESRINE DJEBBARA

3. Patient Date of Birth & Sex

16-11-01(dd/mm/yy)

☐ Male ☒ Female

Mobile No. 0551034851

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

Represented;

still has severe pain in throat, nasal congestion and headache.

Claims good compliance with prescribed medications.

she is not hypertensive and not diabetic.

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute tonsillitis, unspecified, Allergic rhinitis, unspecified, Acute sinusitis, unspecified

ICD Code J03.90, J30.9, J01.90

12. Etiology:

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

14. Plan / Details of Management

a. Procedure 9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000), CLOFEN, Administered intravenously, SODIUM CHLORIDE B.P.-(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION, DEXAMETHASONE SODIUM PHOSPHATE, Blood Count Complete Auto&Auto Diffrntl Wbc Count, UrnlS Dip Stick/Tablet Reagent Auto Microscopy, C-Reactive Protein, Intramuscular injection, Administered intravenously, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION

CPT code 9.01, 0005-149902-1021, 96365, 0102-111908-1001, 0125-122107-1022, 85025, 81001, 86140, 96372, 96365, 0102-152902-1001

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

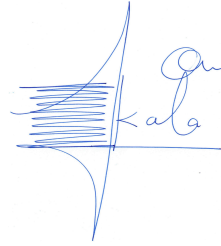
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0097-127405-0392	(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	Take 1 Tablets 1 Time(s) per Day For 5 Day(s) after meal
0005-119803-1171	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) after meal
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	10	Take 1 Tablets 2 Time(s) per Day For 10 Day(s) after meal

Date: 04-12-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-28040827 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: 04-12-24(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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