



1.HealthNet Policy Number

1038-000-118712257-01

2.Patient Name

SOHAIB SALEEM MUHAMMAD SALEEM KHAN

3.Patient Date of Birth & Sex

20-11-99(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:

PC: Dry cough, headache, nasal congestion, pain in throat and fever

Duration: 2days (05/12/2024).

There is no chest pain and no difficulty brathing.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Cough, Myalgia, unspecified site, Fever, unspecified

12.Etiology:

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

14.Plan / Details of Management

2.Authorization Code:

Mobile No.0502161769

ICD Code J06.9, R05, M79.10, R50.9

CPT code85025,86140,96372,0005-149902-1021,0125-122107-1022,9

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Intramuscular injection,CLOFEN ,DEXAMETHASONE SODIUM PHOSPHATE,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 familys 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.

b.Laboratiry 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
0005-119805-1172	(PREDNISOLONE : 5 MG TABLETS	TABLETS (20S, BLISTER PACK	5	Take 2ML 1 Time(s) per Day For 5 Day(s) after meal
0005-116801-1161	(SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE : 13.5 MG/5ML SYRUP	SYRUP (120ML, BOTTLE	7	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
1516-107902-1171	(IBUPROFEN : 400 MG TABLETS	TABLETS (24S, BLISTER PACK	4	Take 1Tablets 2 Time(s) per Day For 4 Day(s) after meal
0252-389902-1171	(LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 MG TABLETS	TABLETS (14S, BLISTER PACK	7	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal

Date: 07-12-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



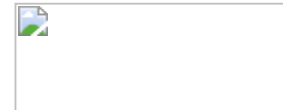
Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 07-12-24(dd/mm/yy) Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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