

1.He	althNet Polic	cy Numbe	er				1038-0 12141	000- 16775-01	2. Autho	orization	
2.Pa	tient Name							SH GEETHA ANAMGE	RANGA	WELIVITIGODA	
3.Pa	ient Date of Birth & Sex						01-03-8/(dd/mm/yy)			✓ Male □ Female	
							Mobi	le No.0502	292009		
5.Na	ture of illness	s or Injui	ry					cute 🗆 Chr	onic 🗆	Emergency	
6.Are	e You the pati	tient's pri	imary physiciar	ı			□Ye	s $\square$ No			
7.Pre	esenting Com	nplaints:									
PC: H	High grade fev	ver, head	dache and pain	in throat.							
ther	e is associate	ed cough	and nasal cong	estion with sne	ezing.						
also	has back pair	n.									
Dura	tion: 2days.										
8.Du	ration of Sym	nptoms:									
9.On	set of Condit	tion:									
10.R	elevent Past I	Medical	/Surfgical Histo	ry							
_			piratory infection ed, Fever, unspeci	, unspecified, Alle fied	rgic rhinitis, unspe	ecified,	ICD C	ode J06.9,	J30.9, J0	01.40, R50.9	
12.E	tiology:										
13.lr	case of Injur	ry:mode	of Injury/place	of Injury							
14.P	lan / Details o	of Mana	gement								
F 1 F V 6 C C r	PHOSPHATE, Blo OMG/ML-(PAR. Protein, Intramu which requires t examination; an coordination of nature of the pr	ood Count RACETAMC uscular injuthese 3 ke nd Straigh f care with roblem(s) self limite	Complete Auto&DL: 10 MG/ML) Section,Office coney components: Attorward medical other providers and the patients d or minor. Physical Description of the patients and the minor.	CLOFEN ,DEXAME Auto Difrntl Wbc OLUTION FOR INF sultation for a new problem focused decision making. or agencies are prand/or familys necians typically spe	Count, PARAFUSIV USION, C-Reactive vor established pa history; A probled Counseling and/o ovided consistent eds. Usually, the p	VI.V. atient, m focused or with the presenting	12210 1001,	ode96365, 07-1022,850 86140,9637	25,2190	9902-1021,0125- 0-106618-	
b	.Laboratiry Tes	st:									
C	Radiology /	Investiga	ations:								
-	Case of Hos	spitalizati	on: Date of Ad	dmission:			Date	of Dischar	ge:		
16.				PRESCRIPTION	I WITH DOSAGE 8	d DURATION					
	Code	Generic				Dosage		Duration	Instru	ctions	

(PREDNISOLONE: 20 MG TABLETS

0005-

1171

119803-

Take 1Tablets 1 Time(s)

per Day For 5 Day(s)

after meal

TABLETS (20S,

**BLISTER PACK** 

5

Code	Generic	Dosage	Duration	Instructions
0005- 116801- 1162	(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 (5ML X 20, SACHET	7	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal
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 2 Time(s) per Day For 7 Day(s) others

Date: 10-12-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Physician Code DHA-P-28040827 HNM Code

Signature and Stamp

Tala ala

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

## 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: 10-12-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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



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