

1.HealthNet Policy Number		1038-000- 120049547-01	2. Author Code:	rization		
2.Patient Name		RAMA MAIYA RANA GANESH BAHADUR				
3.Patient Date of Birth & Sex		27-08-84(dd/mm/yy) ☐ Male ✓ Female				
		Mobile No.056	4690704			
5.Nature of illness or Injury	Nature of illness or Injury		☐ Acute ☐ Chronic ☐ Emergency			
6.Are You the patient's primary p 7.Presenting Complaints:	hysician	☐ Yes ☐ No				
PC: Itching throat, cough and nas	al congestion.					
Duration: 3 days (07/12/2024).						
No fever						
8.Duration of Symptoms:						
9.Onset of Condition:						
10.Relevent Past Medical/Surfgication	al History					
DiagonosisiAllergic rhinitis, unspecifi hyperlipidemia, Familial hypercholeste	ICD Code J30.9, J02.9, E78.2, E78.01					
12.Etiology:						
13.In case of Injury:mode of Injur	y/place of Injury					
14.Plan / Details of Management						
Protein, Lipid Panel, Office consultathese 3 key components: A proble Straightforward medical decision other providers or agencies are prand the patients and/or familys no	ete Auto&Auto Difrntl Wbc Count,C-Reactive ation for a new or established patient, which requires arm focused history; A problem focused examination; and making. Counseling and/or coordination of care with covided consistent with the nature of the problem(s) eeds. Usually, the presenting problem(s) are self limited d 15 minutes face-to-face with the patient and/or	CPT code85025	,86140,8	0061,9		
b.Laboratiry Test:						
c.Radiology / Investigations:						
15 In Case of Hospitalization: Dat	e of Addmission.	Date of Discha	rge.			

4	

PRESCRIPTION WITH DOSAGE & DURATION						
Code	Generic	Dosage	Duration	Instructions		
0005- 116801- 2481	(SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE : 13.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, GLASS BOTTLE	7	Take 10ML 2 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 1Tablets 2 Time(s) per Day For 10 Day(s) after meal		
0195- 123701- 0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1Time(s) perDay For 10 Day(s) after meal		

Date: 11-12-24(dd/mm/yy)

Signature and Stamp

Doctor's Name

Enomen Goodluck



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

11-12-24(dd/mm/yy) Signature of Insued / Claimint Date:

Copy of NGI - Pharmacy

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



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