



1.HealthNet Policy Number

1038-000-
115298150-012.
Authorization
Code:

2.Patient Name

SOUKAINA BENRAQQOUCH

3.Patient Date of Birth & Sex

23-12-92(dd/mm/yy)

☐ Male ☒ Female

5.Nature of illness or Injury

Mobile No.0522493001

6.Are You the patient's primary physician

☐ Acute ☐ Chronic ☐ Emergency

7.Presenting Complaints:

☐ Yes ☐ No

Upper abdominal pain, that radiates to the back,

associated with constipation and melena stools.

Has previously tested positive for H.pylori.

smokes tobacco and takes lots of coffee.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Acute gastritis with bleeding, Epigastric pain, Helicobacter pylori as the cause of diseases classed elsewhere, Melena

ICD Code K29.01, R10.13, B96.81, K92.1

12.Etiology:

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

14.Plan / Details of Management

a.Procedure: Blood Count Complete Auto&Auto Diffrntl Wbc Count,Antibody Helicobacter Pylori,Administered intravenously,RISEK 40MG,SCOPINAL,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 families 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.

CPT code 85025,86677,96365,0005-
174202-0781,0005-136504-1021,9

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
0006-106601-0394	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	4	Take 1Tablets 3 Time(s) per Day For 4 Day(s) after meal
1614-530501-0612	(DEXLANSOPRAZOLE : 60 MG) MODIFIED RELEASE CAPSULES	MODIFIED RELEASE CAPSULES (14S, BLISTER PACK)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) before meal

Date: 21-12-24(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: 21-12-24(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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