



1. HealthNet Policy Number I038-000-115298150-01 2. Authorization Code:
 2. Patient Name SOUKAINA BENRAQQOUCH
 3. Patient Date of Birth & Sex 23-12-92(dd/mm/yy) ☐ Male ☒ Female
 Mobile No. 0522493001
 5. Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency
 6. Are You the patient's primary physician ☐ Yes ☐ No
 7. Presenting Complaints:

co discharge from the nipple left side pain swelling fever on and off 18th dec. 2024

Imp 20 dec. 2024

oe redness all around the nipple left side

other right side is normal

axillary lymph nodes are normal

chest is clear no added sounds

restless

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis Abscess of the breast and nipple, Fever, unspecified,
 Pain, unspecified, Acute gastritis without bleeding

ICD Code N61.1, R50.9, R52, K29.00

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, C-Reactive Protein, CEFTRIAXONE-TABUK IV,
 (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR
 INFUSION, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10
 MG/ML) SOLUTION FOR INFUSION, Administered
 intravenously, Immunoassay for tumor antigen, quantitative; CA
 125, ESTRADIOL (E2), SERUM, PROLACTIN, SERUM, CULTURE &
 SENSITIVITY MANUAL, PUS, Estradiol, Prolactin, Immunoassay
 Tumor Antigen Quantitative Ca 125, 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 family's 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, 9.019.01
 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)

CPT code 85025, 86140, 0195-107704-0801, 0148-116601-
 1001, 2190-106618-
 1001, 96365, 86304, 82670, 84146, 87070, 82670, 84146, 86304, 9.9.01

b. Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

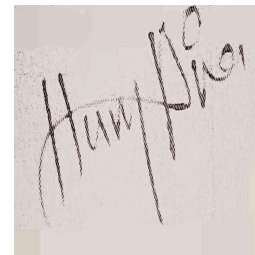
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	7	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others
0195-116604-0391	(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0009-378203-1171	(CEFUROXIME(AS CEFUROXIME AXETIL) : 500 MG) TABLETS	TABLETS (15S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others

Date: 23-12-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-54155530 HNM Code

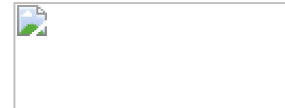
Authorization

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: 23-12-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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