1.HealthNet Policy Number: I038-000-118627966-01 2. Authorization Code:

2.Patient Name: SYED TAHIR ALI SEYED MUMTAZ ALI

3.Patient Date of Birth & Sex: 03-04-81(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0522404631

5.Nature of illness or Injury: ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician: ☐ Yes ☐ No

7.Presenting Complaints:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute gastritis without bleeding, Helicobacter pylori as the cause of diseases classd elswhr, Epigastric pain, Acute pancreatitis without necrosis or infection, unsp

ICD Code K29.00, B96.81, R10.13, K85.90

12.Etiology:

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

14.Plan / Details of Management

a.Procedure9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code9.01

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: 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)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal
0031-168201-0391	(DOMPERIDONE : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
1267-141604-0082	(ALUMINIUM HYDROXIDE : 200 MG (MAGNESIUM HYDROXIDE : 200 MG (SIMETHICONE : 25 MG CHEWABLE TABLETS	CHEWABLE TABLETS (40S, BLISTER PACK	10	Take 1Tablets 4 Time(s) per Day For 10 Day(s) others
0188-232402-0391	(ESOMEPRAZOLE : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	14	Take 1Tablets 2Time(s) perDay For 14 Day(s) before meal

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

Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)
NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae

HealthNet