



1.HealthNet Policy Number

I038-000-120236408-01

2. Authorization Code:

2.Patient Name

SHAHZAD AHMED MUHAMMAD MUSHTAQ

3.Patient Date of Birth & Sex

04-09-90(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0561621787

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

PC: Upper abdominal pain,

excessive abdominal gases and bloating.

There is no melena, no change in bowel habit and there is no vomiting

there is also no fever

Noticed to have elevated blood pressure but he is not a known hypertensive and he is not diabetic.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

DiagnosisGastro-esophageal reflux disease without esophagitis, Gastritis, unspecified, without bleeding, Headache, unspecified, Essential (primary) hypertension

ICD Code K21.9, K29.70, R51.9, I10

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Diffrntl Wbc Count,C-Reactive Protein,Antibody Helicobacter Pylori,Administered intravenously,RISEK 40MG,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.

CPT code85025,86140,86677,96365,0005-174202-0781,9

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

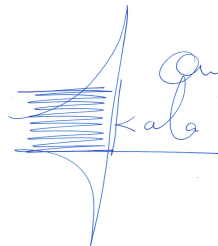
Code	Generic	Dosage	Duration	Instructions
0265-150407-1171	(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	Take 1Tablets 2Time(s) perDay For 3 Day(s) after meal
0188-232401-0391	(ESOMEPRAZOLE : 40 MG FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) others
6603-947301-0061	(ACTIVATED WOOD CHARCOAL : 250 MG (SIMETHICONE : 80 MG CAPSULES	CAPSULES (30S, BLISTER	6	Take 1Tablets 4 Time(s) per Day For 6 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0207-379202-1171	(AMLODIPINE (AS BESYLATE : 10 MG TABLETS	TABLETS (30S, BLISTER	30	Take 1Tablets 1Time(s) perDay For 30 Day(s) morning

Date: 28-12-24(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

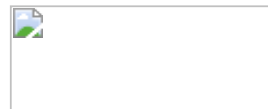
Authorization

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: 28-12-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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