

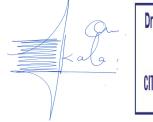
1.HealthNet Policy Number	1038-000- 119490863-01	Authoriz Code:	ation		
2.Patient Name	AISHA REHMAN BAIGNAL RAHMAN ALI SHAH				
3.Patient Date of Birth & Sex	06-06-97(dd/mm/yy) ☐ Male ✓ Female				
5.Nature of illness or Injury6.Are You the patient's primary physician7.Presenting Complaints:	Mobile No.0566537318 ☐ Acute ☐ Chronic ☐ Emergency ☐ Yes ☐ No				
PC: Fever, dizziness, cough, headache					
Duration: 3 day					
8. Duration of Symptoms: 9. Onset of Condition:					
10.Relevent Past Medical/Surfgical History					
DiagonosisiAcute upper respiratory infection, unspecified, Dizziness and giddiness, Cough	ICD Code IO6 9	R/12 R∩5			
12.Etiology:	Teb code 100.5,	1142, 1103			
13.In case of Injury:mode of Injury/place of Injury					
14.Plan / Details of Management					
a.ProcedureOffice 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 familys 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.	iness and giddiness, Cough ICD Code J06.9, R42, R05 Ittient, which requires these 3 used examination; and coordination of care with nature of the problem(s) ng problem(s) are self limited with the patient and/or Date of Discharge:				
b.Laboratiry Test:					
c.Radiology / Investigations:					
15.In Case of Hospitalization: Date of Addmission:	Date of Dischar	ge:			
PRESCRIPTION WITH DOSAGE & DURATION					

PRESCRIPTION WITH DOSAGE & DURATION						
Code	Generic	Dosage	Duration	Instructions		
0005- 116702- 2481	(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	7	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal		
2027- 560101- 0392	(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal		
0252- 389902- 1171	(LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 MG TABLETS	TABLETS (14S, BLISTER PACK	7	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal		

Date: 02-01-25(dd/mm/yy)

Doctor's Name Enomen Goodluck Signature and Stamp

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: 02-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

HealthNet

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