



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:		
8. Duration of Symptoms:		
9. Onset of Condition:		
10. Relevant Past Medical/Surgical History		
Diagnosis: Essential (primary) hypertension, Hyperlipidemia, unspecified, Cough	ICD Code I10, E78.5, R05	
12. Etiology:		
13. In case of Injury: mode of Injury/place of Injury		
14. Plan / Details of Management		
a. Procedure: 9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)	CPT code: 9.01	
b. Laboratory Test:		
c. Radiology / Investigations:		
15. In Case of Hospitalization: Date of Admission:	Date of Discharge:	

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	1	Take 10 ml 3 times in a day
6046-627102-1171	(AMLODIPINE (AS BESYLATE : 10 MG (VALSARTAN : 160 MG TABLETS	TABLETS (28S, BLISTER	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

Date: 05-01-25(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: 05-01-25(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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