



1. HealthNet Policy Number

1038-000-117785165- 2. Authorization
01 Code:

2. Patient Name

SHAHUL HAMEED MUSTHAFA

3. Patient Date of Birth & Sex

15-07-98(dd/mm/yy) ☒ Male ☐ Female

Mobile No. 0525917075

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

PC: Severe pain on the right ear.

Fever and headache.

Examination shows maked hyperemia with evidence of infection in the right ear.

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevent Past Medical/Surfghical History

Diagonosisi Acute serous otitis media, right ear, Fever, unspecified, Acute sinusitis, unspecified

ICD Code H65.01, R50.9, J01.90

12. Etiology:

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

14. Plan / Details of Management

a. Procedure Intramuscular injection, CLOFEN , CEFTRIAXONE-TABUK IV, DEXAMETHASONE SODIUM PHOSPHATE, Administered intravenously, Blood Count Complete Auto&Auto Difrntl Wbc Count, C-Reactive Protein

CPT code 96372, 0005-149902-1021, 0195-107704-0801, 0125-122107-1022, 96365, 85025, 86140

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
0085-387501-0241	(HYDROCORTISONE : 10 MG/ML) (CIPROFLOXACIN (AS HYDROCHLORIDE) : 2 MG/ML) EAR DROPS	EAR DROPS (10ML, VIAL + DROPPER)	5	Take 2 Drops 4 Time(s) per Day For 5 Day(s) after meal
0027-142201-2401	(DICLOFENAC POTASSIUM : 50 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (10S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) after meal
0219-142902-1452	(CEFEXIME : 400 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (6S, BLISTER PACK	6	Take 1 Tablets 1 Time(s) per Day For 6 Day(s) after meal

Date: 07-01-25(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

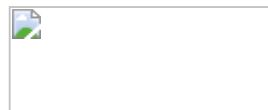
Authorization

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: 07-01-25(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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