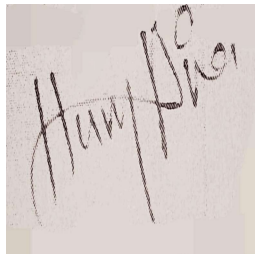




1. HealthNet Policy Number	I038-000-117559456-01	2. Authorization Code:															
2. Patient Name	NIHAD AHMED SHAIKH NISAR AHMED																
3. Patient Date of Birth & Sex	25-10-99(dd/mm/yy)	☒ Male ☐ Female															
5. Nature of illness or Injury	Mobile No. 0556579910																
6. Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency																
7. Presenting Complaints:	☐ Yes ☐ No																
8. Duration of Symptoms:																	
9. Onset of Condition:																	
10. Relevant Past Medical/Surgical History																	
Diagnosis: Acute pharyngitis, unspecified, Acute upper respiratory infection, unspecified, Fever, unspecified, Cough, Acute gastritis without bleeding	ICD Code J02.9, J06.9, R50.9, R05, K29.00																
12. Etiology:																	
13. In case of Injury: mode of Injury/place of Injury																	
14. Plan / Details of Management																	
a. Procedure: CEFTRIAXONE-TABUK IV, Administered intravenously, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, 9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000), nebulization with ventoline solution	CPT code 0195-107704-0801, 96365, 0188-135906-2441, 9.01, 94640																
b. Laboratory Test:																	
c. Radiology / Investigations:																	
15. In Case of Hospitalization: Date of Admission:	Date of Discharge:																
16.	<table border="1"> <thead> <tr> <th colspan="5">PRESCRIPTION WITH DOSAGE & DURATION</th> </tr> <tr> <th>Code</th> <th>Generic</th> <th>Dosage</th> <th>Duration</th> <th>Instructions</th> </tr> </thead> <tbody> <tr> <td colspan="5">No Prescriptions History Found</td> </tr> </tbody> </table>		PRESCRIPTION WITH DOSAGE & DURATION					Code	Generic	Dosage	Duration	Instructions	No Prescriptions History Found				
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Code	Generic	Dosage	Duration	Instructions													
No Prescriptions History Found																	
Date:	09-01-25(dd/mm/yy)	 Dr. Humaira Mumtaz General Practitioner DHA No: 54155530-002 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.															
Doctor's Name	Humaira																
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:	09-01-25(dd/mm/yy)	Signature of Insured / Claimint															

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

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