Photo Not Available

Patient | 39019 | AYESHA BABAR BABAR BASHIR | 784-1997-8357684-8 | Repeat

28 | Female | Pakistani | S | NGI - HN BASIC PLUS - NGI - Default Scheme (99999)

Medical History (patient_history.aspx?patId=40044) | Billing History (patient_accounts.aspx?patId=40044)

Appointment | Visit ID 56839 | 09-Jan-2025 | Enomen Goodluck - General - DHA-P-28040827

MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 36.9°C, Pulse: 77bpm, BP: 128mmHg, Height: 162cm, Weight: 82kg, BMI 31.25(Obese), Blood Sugar

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis

Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents

Progress Notes | Addendum | NGI Form | NGI Claim Form | Other Forms | Sick Leave | End Time

Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration

Signed Documents | Image Comparison

14.Plan / Details of Management

a.Procedure9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code9.01

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 09-01-25(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

Dr. Enom
Ger
DHA
CITICARE

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 abov examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any othe provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, 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 Insued / Claimint

Patient Signature | Save | Close | Print

Copy of NGI - Pharmacy

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

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