



1.HealthNet Policy Number I038-000-115298087-01 2. Authorization Code:
 2.Patient Name FASSIH SISSAOUI
 3.Patient Date of Birth & Sex 20-05-85(dd/mm/yy) ☒ Male ☐ Female
 Mobile No.971568038602
 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: Acute pansinusitis, unspecified ICD Code J01.40
 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 - CPT code 9.01
 (AED 0.0000)
 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
0013-395404-0391	(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	14	Take 1 Tablets 1 Time(s) per Day For 14 Day(s) evening

Date: 11-01-25(dd/mm/yy)

Doctor's Name DR Amaizah

Physician Code DHA-P-98486553-001 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: 11-01-25(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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