

1.He	althNet Policy Nu	umber			I038-000- 113198349-01	2. Auth Code:	norization
2.Patient Name					TATSIANA RAMANENIA		
3.Pat	tient Date of Birtl	h & Sex			11-07-88(dd/mr	n/yy)	☐ Male ☑ Female
					Mobile No.971567459909		
5.Na	ture of illness or	Injury			☐ Acute ☐ Chronic ☐ Emergency		
6.Are You the patient's primary physicia			n		☐ Yes ☐ No		
7.Presenting Complaints:							
8.Duration of Symptoms:							
9.Onset of Condition:							
10.Relevent Past Medical/Surfgical History							
	onosisiBurns involuna, Cellulitis of left u		oody surface, Acute pain due to		ICD Code T31.0, G89.11, L03.114		
12.Etiology:							
13.In case of Injury:mode of Injury/place of Injury							
14.Plan / Details of Management							
Т		SURGICAL CLEANSING WI' /300 SQ CENTIMETERS., ED 0.0000)			CPT code51.03,9.01		
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	n	Instruction	s
No Prescriptions History Found							
General Practitioner							
Doc	tor's Name	SANDIA	Signature	np nw	PE	DHA NO: 65900212-001 Shawar Medical Center LLC	
Physician Code DHA-P-65900212 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	e: 11-01-25(dd/	/mm/yy) Sig	nature of Insued / Cla				

Copy of NGI - Pharmacy



NATIONAL GENERAL INSURANCE CO. (P.J.S.C)
NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae