



1.HealthNet Policy Number	I038-000-117640245-01	2. Authorization Code:
2.Patient Name	WASIM MUSHTAQ	
3.Patient Date of Birth & Sex	11-08-89(dd/mm/yy)	☒ Male ☐ Female
5.Nature of illness or Injury	Mobile No.0522513813	
6.Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency	
7.Presenting Complaints:	☐ Yes ☐ No	
co pain inthe mouth pusy nodule in the innner side of the cheek allergy from all the body		
7th jan. 2025		
oe chest is clear no added sounds		
restless		
smoker		
8.Duration of Symptoms:		
9.Onset of Condition:		
10.Relevent Past Medical/Surfgical History		
DiagonosisiAcute gastritis without bleeding, Cutaneous abscess of face, Rash and other nonspecific skin eruption, Fever, unspecified, Mycosis fungoides, unspecified site	ICD Code K29.00, L02.01, R21, R50.9, C84.00	
12.Etiology:		
13.In case of Injury:mode of Injury/place of Injury		

14. Plan / Details of Management

a. **Procedure** Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or families needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family. **CPT code 9**

b. **Laboratory Test:**

c. **Radiology / Investigations:**

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

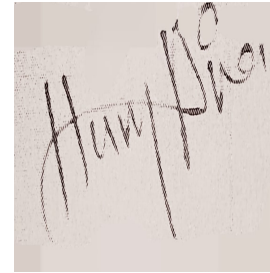
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0270-189301-0081	(ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS	CHEWABLE TABLETS (12S, BOX)	7	Take 1 Tablets 3 Time(s) per Day For 7 Day(s) others
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	7	Take 1 Capsule 2 Time(s) per Day For 7 Day(s) others
0252-140201-0061	(FLUCONAZOLE : 150 MG) CAPSULES	CAPSULES (1S, BLISTER PACK)	5	Take 1 Capsule 1 Time(s) per Week For 5 Day(s) others
0278-107903-0391	(IBUPROFEN : 600 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
0139-116207-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1 Tablets 2 Time(s) per Day For 7 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1 Tablets 1 Time(s) per Day For 10 Day(s) others

Date: 12-01-25(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 12-01-25(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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