



1. HealthNet Policy Number

I038-000-
119198444-012. Authorization
Code:

2. Patient Name

EI THANDAR MON

3. Patient Date of Birth & Sex

26-11-95(dd/mm/yy)

☐ Male ☒ Female

Mobile No. 0547759474

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 Iron deficiency anemia, unspecified

ICD Code D50.9

12. Etiology:

13. In case of Injury: mode of Injury/place of Injury

14. Plan / Details of Management

a. Procedure PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, nebulization with ventoline solution, Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner. CPT code 0188-135906-2441, 94640, 9.1

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
1195-680601-0611	(ZINC : 12 MG) (FOLIC ACID : 500 MCG) (COPPER : 2000 MCG) (CYANOCOBALAMIN : 10 MCG) (PYRIDOXINE : 5 MG) (IRON : 24 MG) MODIFIED RELEASE CAPSULES	MODIFIED RELEASE CAPSULES (30S, BLISTER PACK)	30	Take 1 Capsule 1 Time(s) per Day For 30 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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