Photo Not Available

Patient 38174 GAURAV KESHAV KASTURE KESHAV RAMCHANDRA KASTURE 784-1996-1535953-8 Repeat 29 Male Indian S NGI - HN BASIC PLUS - NGI - Default Scheme (99999)

Medical History (patient_history.aspx?patId=39198)

Billing History (patient_accounts.aspx?patId=39198)

Appointment Visit ID 56984 14-Jan-2025 SANDIA - Dermatology - DHA-P-65900212

MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 36°C, Pulse: 77bpm, BP: 120mmHg, Height: 178cm, Weight: 58kg, BMI 18.31(Obese), Blood Sugar

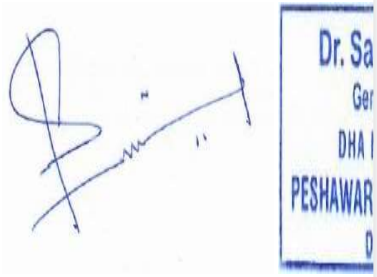
Start Time | Nurse Station | Doctor Evaluation | Diagnosis | Treatments/Procedures | Prescription | Reimbursement Forms | Documents | Progress Notes | Addendum | NGI Form | NGI Claim Form | Derma Consent Forms | Other Forms | Sick Leave | End Time | Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration | Signed Documents | Image Comparison

0837-277601-1161	(OXOMEMAZINE : 0.33 MG/ML SYRUP	SYRUP (150ML, PLASTIC BOTTLE	7	Take 1Tab per Day F others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	7	Take 1Tab per Day F others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Tab per Day F evening
0397-116207-0391	(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	7	Take 1Tab per Day F others

Date: 14-01-25(dd/mm/yy)

Doctor's Name SANDIA

Signature and Stamp



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 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: 14-01-25(dd/mm/yy) Signature of Insued / Claimint

Patient Signature | Save | Close | Print

Copy of NGI - Pharmacy

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