1.HealthNet Policy Number I038-000-116994181-01 2. Authorization Code:

2.Patient Name VINCENT MARK ABOC MAALI

3.Patient Date of Birth & Sex 01-02-96(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0562729715

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

PC ; FOLLOW UP FOR DRESSING CHANGE

COUNSELLED TO REPORT BACK FOR STITCHES REMOVAL

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiRash and other nonspecific skin eruption ICD Code R21

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureNON-SURGICAL CLEANSING WITH SURGICAL DRESSING BETWEEN 16 SQ INCHES / 100 SQ CENTIMETERS AND 48 SQ INCHES / 300 SQ CENTIMETERS ,Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner.,NON-SURGICAL CLEANSING WITH SURGICAL DRESSING BETWEEN 16 SQ INCHES / 100 SQ CENTIMETERS AND 48 SQ INCHES / 300 SQ CENTIMETERS CPT code51.02,9.1,51.02

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	Instructions
No Prescriptions History Found				

Date: 17-01-25(dd/mm/yy)

Doctor's Name SANDIA

Signature and Stamp

Dr. Sandia Bhojwani
General Practitioner
DHA No: 65900212-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 17-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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