

1.HealthNet Policy Number	1038-000- 118180126-01	Author Code:	ization		
2.Patient Name	nt Name SIDDIQUE AHMED ABDUL KODDUS				
3.Patient Date of Birth & Sex	01-01-87(dd/mm/yy)				
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency				
6.Are You the patient's primary physician	☐ Yes ☐ No				
7.Presenting Complaints:					
history of headache since 2 days,today knew about high blood pressure,and boil in	groin region.				
on examination there is redness and pus in boil in groin region					
8.Duration of Symptoms:					
9.Onset of Condition:					
10.Relevent Past Medical/Surfgical History					
DiagonosisiEssential (primary) hypertension, Carbuncle of groin, Chronic gout due to renal impairment, left elbow, w tophus	ICD Code I10, L	02.234, N	11A.3221		
12.Etiology:					
13.In case of Injury:mode of Injury/place of Injury					
14.Plan / Details of Management					
a.ProcedureCLOFEN, Intramuscular injection, Uric Acid Blood, Blood Count Complete Automated, 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 familys 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.,Lipid Panel	CPT code0005-: 1021,96372,845		,9,80061		
b.Laboratiry Test:					
c.Radiology / Investigations:					
15.In Case of Hospitalization: Date of Addmission:	Date of Discha	rge:			
16. PRESCRIPTION WITH DOSAGE & DURATION					

- 1	
- 1	h
-	ο.

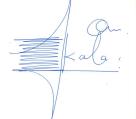
PRESCRIPTION WITH DOSAGE & DURATION						
Code	Generic	Dosage	Duration	Instructions		
0252-128401- 0151	(FUSIDIC ACID : 2% CREAM	CREAM (15G, TUBE	7	Take 1Cream 2 Time(s) per Day For 7 Day(s) others		
0320-148701- 1171	(LORATADINE : 10 MG TABLETS	TABLETS (10S, BLISTER PACK	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others		
2535-169101- 0391	(DOXYCYCLINE : 100 MG FILM COATED TABLETS	FILM COATED TABLETS (500S, BOTTLE	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others		
0135-223401- 1171	(NAPROXEN : 500 MG TABLETS	TABLETS (10S, BLISTER PACK	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others		

Code	Generic	Dosage	Duration	Instructions	
6445-379202- 1171	(AMLODIPINE (AS BESYLATE : 10 MG TABLETS	TABLETS (30S, BLISTER	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening	

Date: 20-01-25(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp





Physician Code DHA-P-28040827 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: 20-01-25(dd/mm/yy) Signature of Insued / Claimint

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