



1.HealthNet Policy Number	I038-000-115298224-01	2. Authorization Code:
2.Patient Name	ABDELAZIZ ATERTOUR	
3.Patient Date of Birth & Sex	18-02-84(dd/mm/yy)	☒ Male ☐ Female
	Mobile No.0555719753	
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency	
6.Are You the patient's primary physician	☐ Yes ☐ No	
7.Presenting Complaints:		
co chest pain pain in the hand left side dry cough 21st jan. 2025		
oe chest is congested no added sounds		
restless		
8.Duration of Symptoms:		
9.Onset of Condition:		
10.Relevant Past Medical/Surgical History		
Diagnosis	Chest pain, unspecified, Pain in left arm, Cough, Essential (primary) hypertension	ICD Code R07.9, M79.602, R05, I10
12.Etiology:		
13.In case of Injury:mode of Injury/place of Injury		
14.Plan / Details of Management		
a.Procedure	Blood Count Complete Auto&Auto Difrentl Wbc Count,C-Reactive Protein,Lipid Panel,Renal Function Panel,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,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	CPT code85025,86140,80061,80069,0188-135906-2441,9,94640

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 family's 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.,nebulization with ventoline solution

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

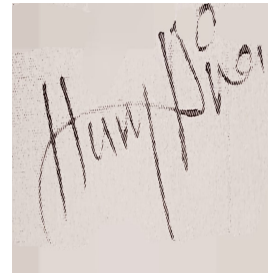
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablet at night
0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	Take 10 ML Syrup 3 Time(s) per Day For 7 Day(s) others
0207-379202-1171	(AMLODIPINE (AS BESYLATE : 10 MG TABLETS	TABLETS (30S, BLISTER	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

Date: 24-01-25(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



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: 24-01-25(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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