



1.HealthNet Policy Number

I038-000-
121811645-012.
Authorization
Code:

2.Patient Name

MUHAMMAD MUSA

3.Patient Date of Birth & Sex

23-10-19(dd/mm/yy)

☒ Male ☐
Female

5.Nature of illness or Injury

Mobile No.0523723000

6.Are You the patient's primary physician

☐ Acute ☐ Chronic ☐ Emergency

7.Presenting Complaints:

☐ Yes ☐ No

C/O:

fever - 2 days

cough - 2 days

runny nose

On exam:

febrile child

throat: congested and hyperemic

CNS: intact GCS 15/15

CVS: S1+S2+ no murmur

Chest: clear bilaterally

Abdomen: soft, non tender, no visceromegaly

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis Fever, unspecified, Acute upper respiratory infection, unspecified, Allergic rhinitis, unspecified

ICD Code R50.9, J06.9, J30.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,Administered intravenously,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 families needs. Usually, the presenting problem(s) are self

CPT code 2190-106618-1001,0002-111908-1001,0384-100104-1002,96365,9,0102-100104-1001

limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.,(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION

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
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	5	Take 10ML 1 Time(s) per Day For 5 Day(s) evening
0027-265802-1161	(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	3	Take 5ML 2 Time(s) per Day For 3 Day(s) after meal
0219-142903-0851	(CEFIXIME : 100 MG/5ML) POWDER FOR SUSPENSION	POWDER FOR SUSPENSION (30ML, GLASS BOTTLE + GRADUATED SPOON)	2	Take 5Syrup 1Time(s) perDay For 2 Day(s) after meal
0006-106607-1161	(PARACETAMOL : 240 MG/5ML) SYRUP	SYRUP (100ML, GLASS BOTTLE)	3	Take 6ML 4 Time(s) per Day For 3 Day(s) after meal

Date: 26-01-25(dd/mm/yy)

Doctor's Name SANDIA

Signature and Stamp




Physician Code DHA-P-65900212 HNM Code

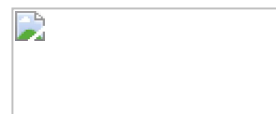
Authorization

I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the 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: 26-01-25(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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