



1. HealthNet Policy Number

I038-000-
119198445-01

2. Authorization
Code:

2. Patient Name

SHILA ALE BISHNU BAHADUR ALE

3. Patient Date of Birth & Sex

02-12-02(dd/mm/yy)

☐ Male ☒ Female

Mobile No. 0521774544

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

weakness, fatigue, dizziness, cold, dry cough, nasal obstruction.

o/e chest congestion on auscultation.

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute upper respiratory infection, unspecified, Cough, Pain, unspecified

ICD Code J06.9, R05, R52

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: LACTATED RINGERS INJECTION USP, 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 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. CPT code 0102-152902-1001, 96365, 9

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
0013-274302-0392	(LEVOFLOXACIN (AS HEMIHYDRATE : 250 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
0006-106601-0393	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	5	Take 1 Tablets 3 Time(s) per Day For 5 Day(s) others
0320-148701-1171	(LORATADINE : 10 MG TABLETS	TABLETS (10S, BLISTER PACK	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
1516-446701-1161	(SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE HCL : 13.5 MG/5ML SYRUP	SYRUP (120ML, BOTTLE	5	Take 1 Spray 5 Time(s) per Day For 5 Day(s) others

Date: 30-01-25(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

Physician Code DHA-P-28040827 HNM Code

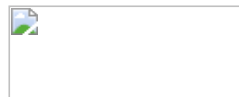
Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 30-01-25(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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