



1. HealthNet Policy Number

I038-000-
118629482-01

2. Authorization
Code:

2. Patient Name

ISANKA JAYASEKARA PARAWENI ARACHCHILAGE

3. Patient Date of Birth & Sex

01-02-00(dd/mm/yy)

☒ Male ☐ Female

Mobile No. 0569399135

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

pain in penis after urine.

taking medication for urinary tract infection

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis Personal history of urinary (tract) infections, Pain, unspecified

ICD Code Z87.440, R52

12. Etiology:

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

14. Plan / Details of Management

a. Procedure 9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000), CEFTRIAXONE-TABUK IV, Administered intravenously, SCOPINAL, Urns Dip Stick/Tablet Reagent Auto Microscopy, Intramuscular injection

CPT code 9.01, 0195-107704-0801, 96365, 0005-136504-1021, 81001, 96372

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
No Prescriptions History Found				

Date: 01-02-25(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

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

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: 01-02-25(dd/mm/yy)

Signature of Insured / Claimant



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

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