

1.HealthNet Policy Number	1038-000- 118933628-01	Authorization Code:	
2.Patient Name	SHAMNAS KOTTAY	IL YOUSEF YOUSEF	
3.Patient Date of Birth & Sex	15-03-97(dd/mm	/yy) 🔽 Male 🗆 Fema	ale
	Mobile No.05454	479458	
5.Nature of illness or Injury	☐ Acute ☐ Chro	onic 🗆 Emergency	
6.Are You the patient's primary physician	☐ Yes ☐ No		
7.Presenting Complaints:			
diarrhea since 3 days,3 to 4 episodes every day.			
o/e dehydration signs present			
8.Duration of Symptoms:			
9.Onset of Condition:			
10.Relevent Past Medical/Surfgical History			
DiagonosisiDiarrhea, unspecified, Weakness	ICD Code R19.7,	R53.1	
12.Etiology:			
13.In case of Injury:mode of Injury/place of Injury			
14.Plan / Details of Management			
a.Procedure(METRONIDAZOLE: 5 MG/ML) SOLUTION FOR INFUSION, Administered intravenously, SCOPINAL, Intramuscular injection, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE: 1 G) POWDER FOR INJECTION, LACTATED RINGERS INJECTION USP, Blood Count Automated Differential Wbc Count, C-Reactive Protein High Sensitivity		16612-1001,96365,0005-136504 107704-0801,0102-152902- L	4-
b.Laboratiry Test:			
c Radiology / Investigations:			

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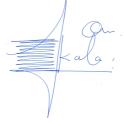
15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

	PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions	
6619- 608703- 0831	(SODIUM CHLORIDE : 0.52 G (POTASSIUM CHLORIDE : 0.3 G (SODIUM CITRATE : 0.58 G (GLUCOSE ANHYDROUS : 2.7 G POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 4.4 G, SACHET	3	Take 1sachet 1 Time(s) per Day For 3 Day(s) others	
0415- 200001- 1452	(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others	
0097- 103202- 0391	(CIPROFLOXACIN : 250 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others	
0152- 116604- 0391	(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	3	Take 1Tablets 3 Time(s) per Day For 3 Day(s) others	

Date: 08-02-25(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: 08-02-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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



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