1.HealthNet Policy Number I038-000-121733334-01 2. Authorization Code:

2.Patient Name JADE JEFF MELWIN RODRIGUES JUBAL JULIUS

3.Patient Date of Birth & Sex 11-09-92(dd/mm/yy) ☑ Male ☐ Female

Mobile No.+971561917067

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

pc : lower back pain , loacalize not radiating

complians of polyuria

family hx of diabetese

obese

smokes tobacoo

will come on sunday for general welness check up

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiLow back pain, Pure hypercholesterolemia, unspecified, Acute gastritis without bleeding ICD Code M54.5, E78.00, K29.00

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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 familys 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 code9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0207-533802-1451	(ESOMEPRAZOLE (AS MAGNESIUM : 40 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) morning empty stomach
0186-143701-0062	(CELECOXIB : 200 MG CAPSULES	CAPSULES (30S, BLISTER PACK	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
6603-159502-1171	(SERRATIOPEPTIDASE : 10 MG TABLETS	TABLETS (30S, BLISTER	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others

Code	Generic	Dosage	Duration	Instructions
2093-596002-0431	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (50G, TUBE)	5	Take 1 Unit(s), 1 Time(s) per Day For 5 Day(s)

Date: 10-02-25(dd/mm/yy)

Signature and Stamp

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Doctor's Name DR Amaizah

Physician Code DHA-P-98486553 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: 10-02-25(dd/mm/yy) Signature of Insued / Claimint

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)
NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae

HealthNet