



1. HealthNet Policy Number

I038-000-
115298160-01

2. Authorization
Code:

2. Patient Name

DENZIL MANUEL DSOUZA

3. Patient Date of Birth & Sex

07-12-86(dd/mm/yy)

☒ Male ☐ Female

Mobile No. 0585871286

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints: follow up patient for report checkup, his CRP is 31.0

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute upper respiratory infection, unspecified

ICD Code J06.9

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: CEFTRIAXONE-TABUK IV, Administered intravenously, DEXAMETHASONE SODIUM PHOSPHATE, 9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)

CPT code 0195-107704-0801, 96365, 0125-122107-1022, 9.01

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: 13-02-25(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: 13-02-25(dd/mm/yy)

Signature of Insured / Claimant

