



1. HealthNet Policy Number

I038-000-
115721598-01

2.
Authorization
Code:

2. Patient Name

MYLA GONZALES ELIZARIO

3. Patient Date of Birth & Sex

28-12-81(dd/mm/yy)

☐ Male ☒ Female

Mobile No. 0522363934

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints: pc

joints pain, especially of both elbow joints and both wrist joints.

Also feeling tired recurrent started in 12/09/24

There is no history of trauma.

Known hypertensive on routine maintenance medications.

She is not diabetic and has no other medical condition of note.

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Essential (primary) hypertension, Hyperlipidemia, unspecified, Pain, unspecified ICD Code I10, E78.5, R52

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: CLOFEN, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, Intramuscular injection, 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 families 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 0005-149902-1021, 2190-106618-1001, 96372, 96365, 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

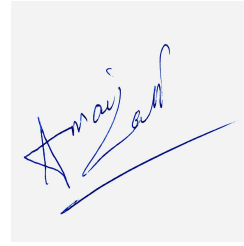
PREScription WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0219-533801-0392	(ESOMEPRazole (AS MAGNESIUM : 20 MG FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE	10	Take 1 Tablets 1 Time(s) per Day For 10 Day(s) morning empty stomach
5278-143702-0061	(CELECOXIB : 100 MG) CAPSULES	CAPSULES (30S, BLISTER)	3	Take 1 Tablets 1 Time(s) per Day For 3 Day(s) others
0027-142201-0832	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	3	Take 1 sachet 1 Time(s) per Day For 3 Day(s) others
1119-939801-1171	(TELMISARTAN : 80 MG) (AMLODIPINE (AS BESYLATE) : 5 MG) TABLETS	TABLETS (28S, BLISTER)	30	Take 1 Tablets 2 Time(s) per Day For 30 Day(s) others

Date: 16-02-25(dd/mm/yy)

Doctor's Name DR Amaizah

Signature and Stamp



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

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: 16-02-25(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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