



1. HealthNet Policy Number

I038-000-
115298319-01

2.
Authorization
Code:

2. Patient Name

MOSES MIGADDE

3. Patient Date of Birth & Sex

01-02-90(dd/mm/yy)

☒ Male ☐
Female

5. Nature of illness or Injury

Mobile No. 0524582767

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

pc : sneezing, watery eyes , runny nose alt with blocked nose started 15/02/25

o/e : hyperemic throat

chest wheezing

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute pharyngitis, unspecified, Allergic rhinitis, unspecified, Cough, Fever, unspecified

ICD Code J02.9, J30.9, R05, R50.9

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: nebulization with ventoline solution, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, Blood Count Complete Auto&Auto Diffrntl Wbc Count, C-Reactive Protein, 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 family's 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., CEFTRIAXONE-TABUK IM-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION, (DEXAMETHASONE SODIUM PHOSPHATE : 4 MG/ML) SOLUTION FOR INJECTION, Intramuscular injection

CPT code 94640, 0188-135906-
2441, 85025, 86140, 9, 0195-107704-
0802, 0681-309101-1021, 96372

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

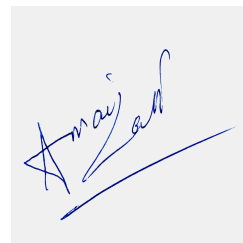
Code	Generic	Dosage	Duration	Instructions
0005-116801-1162	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (5ML X 20, SACHET)	7	2 tsf twice daily
0005-106802-0461	(DEXTROMETHORPHAN : 30 MG) (PARACETAMOL : 650 MG) (PSEUDOEPHEDRINE : 60 MG) GRANULES FOR RECONSTITUTION	GRANULES FOR RECONSTITUTION (20G X 6, SACHET)	2	Take 1sachet 2 Time(s) per Day For 2 Day(s) others
6705-602506-3851	(HYDROXYPROPYLMETHYLCELLULOSE : 90 MG/ 30ML) NASAL SPRAY	NASAL SPRAY (30ML, SPRAY BOTTLE)	5	Take 1Spray 2 Time(s) per Day For 5 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0195-123701-0391	(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening

Date: 19-02-25(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: 19-02-25(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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