



1. HealthNet Policy Number

2. Patient Name

3. Patient Date of Birth & Sex

5. Nature of illness or Injury

6. Are You the patient's primary physician

7. Presenting Complaints:

SORE THROAT, BODY PAIN . WEAKNESS STARTED 21/02/25

FEVER STARTED 24/02/25

O/E

LOOK LETHARGIC, DEHYDRATED

HYPEREMIC PHARYNX

CHEST IS CLEAR

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute pharyngitis, unspecified, Fever, unspecified, Cough, Acute upper respiratory infection, unspecified

ICD Code J02.9, R50.9, R05, J06.9

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, 9.019.01 - (9.01) - Follow Up -

Consultation GP - (AED 0.0000), CEFTRIAXONE-TABUK IV, LACTATED RINGERS

INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION, Administered intravenously, (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR

INJECTION, Intramuscular injection

INJECTION, Intramuscular injection

INJECTION, Intramuscular injection

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

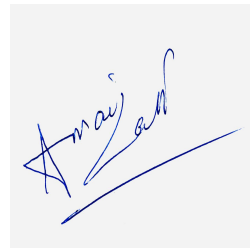
Code	Generic	Dosage	Duration	Instructions
0006-106601-0392	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	3	Take 1 Unit(s), 2 Time(s) per Day For 3 Day(s)
6705-602505-	(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	3	Take 1 Spray 2 Time(s) per Day For

Code	Generic	Dosage	Duration	Instructions
3801				3 Day(s) others
0005-106802-0461	(DEXTROMETHORPHAN : 30 MG) (PARACETAMOL : 650 MG) (PSEUDOEPHEDRINE : 60 MG) GRANULES FOR RECONSTITUTION	GRANULES FOR RECONSTITUTION (20G X 6, SACHET)	3	Take 1sachet 2 Time(s) per Day For 3 Day(s) others
0880-368802-1172	(CEFPODOXIME (AS PROXETIL : 200 MG TABLETS	TABLETS (15S, BLISTER PACK	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

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

Doctor's Name DR Amaizah

Signature and Stamp



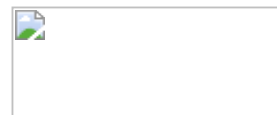
Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

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: 25-02-25(dd/mm/yy) Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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