



1.HealthNet Policy Number

I038-000-
116915133-012. Authorization
Code:

2.Patient Name

SHANKAR KANWAR

3.Patient Date of Birth & Sex

05-02-00(dd/mm/yy)

☒ Male ☐
Female

Mobile No.053704849

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

vomiting 3 times

diarrhea 1 time

abdominal pain

fever

history of eating biryani from outside

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis Vomiting, unspecified, Diarrhea, unspecified, Generalized abdominal pain ICD Code R11.10, R19.7, R10.84

12.Etiology:

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

14.Plan / Details of Management

a.Procedure SCOPINAL,PREMOSAN ,LACTATED RINGERS INJECTION USP,CEFTRIAXONE-TABUK IV,(METRONIDAZOLE : 0.5%) SOLUTION FOR INFUSION,Intramuscular injection,Administered intravenously,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 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 code 0005-136504-1021,0005-150403-1021,0102-152902-1001,0195-107704-0801,0135-116611-1001,96372,96365,85025,86140,9

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
6619-608703-0831	(SODIUM CHLORIDE : 0.52 G (POTASSIUM CHLORIDE : 0.3 G (SODIUM CITRATE : 0.58 G (GLUCOSE ANHYDROUS : 2.7 G POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 4.4 G, SACHET	3	Take 1sachet 1 Time(s) per Day For 3 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0097-103202-0391	(CIPROFLOXACIN : 250 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others
0005-136501-0391	(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others
5252-168201-0391	(DOMPERIDONE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	3	Take 1Tablets 3Time(s) perDay For 3 Day(s) before meal

Date: 28-02-25(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



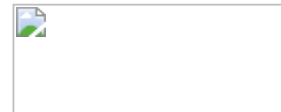
Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 28-02-25(dd/mm/yy) Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

