



1. HealthNet Policy Number

I038-000-
117364849-01

2.
Authorization
Code:

2. Patient Name

BERNADETTE GABRINO REMULLA

3. Patient Date of Birth & Sex

22-12-79(dd/mm/yy)

☐ Male ☒ Female

Mobile No. 0545893823

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

PATIENT CAME WITH ABDOMINAL PAIN AND HEART BURN FOR ONE DAY

OE ABDOMEN IS SOFT NON TENDER

NO DIARRHEA

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Nausea with vomiting, unspecified, Generalized abdominal pain, Heartburn, Acute gastritis without bleeding

ICD Code R11.2, R10.84, R12, K29.00

12. Etiology:

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

14. Plan / Details of Management

a. Procedure (OMEPRazole : 40 MG) POWDER FOR INFUSION, (HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION, Intramuscular injection, Administered intravenously, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION, 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 patient's 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.

CPT code 0005-174202-0781, 0005-136504-1021, 96372, 96365, 0005-150403-1021, 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

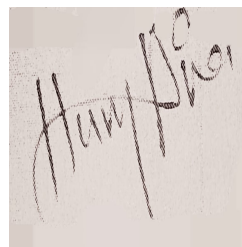
Code	Generic	Dosage	Duration	Instructions
0270-189301-0081	(ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS	CHEWABLE TABLETS (12S, BOX)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
0042-136501-1171	(HYOSCINE : 10 MG) TABLETS	TABLETS (500S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
6445-533801-1561	(ESOMEPRazole (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0097-397801-0391	(DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others

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

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-54155530 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

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