



1. HealthNet Policy Number

1038-000-
118656561-01

2.
Authorization
Code:

EMMAH THOGORI MUKABURU

2. Patient Name

26-03-98(dd/mm/yy) ☐ Male ☒ Female

3. Patient Date of Birth & Sex

Mobile No. 0501703849

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

foul smelling vaginal discharge

itching

no abdominal pain

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Candidiasis, unspecified, Acute vaginitis, Allergy, unspecified, sequela, Noninflammatory disorder of vagina, unspecified

ICD Code B37.9, N76.0, T78.40XS, N89.9

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: 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 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
0009-140401-0151	(MICONAZOLE : 2%) CREAM	CREAM (30G, COLLAPSIBLE TUBE)	15	Take 1 Cream 1 Time(s) per Day For 15 Day(s) evening
0320-148701-1171	(LORATADINE : 10 MG TABLETS	TABLETS (10S, BLISTER PACK	15	Take 1 Tablets 1 Time(s) per Day For 15 Day(s) others
0186-140201-1451	(FLUCONAZOLE : 150 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (1S, BLISTER PACK)	15	Take 1 Capsule 2 Time(s) per Week For 15 Day(s) others

Date: 06-03-25(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: 06-03-25(dd/mm/yy)

Signature of Insured / Claimant



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

