1.HealthNet Policy Number: I038-000-121490872-01 2. Authorization Code:

2.Patient Name: Ramesh Topwal Singh

3.Patient Date of Birth & Sex: 18-07-89(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0563389038

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

follow up for reports

low vitamin d levels

bodypain , mucle twiching

o/e : look lethargic

dehydrated

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiRash and other nonspecific skin eruption, Dehydration, Nausea with vomiting, unspecified, Vitamin D deficiency, unspecified ICD Code R21, E86.0, R11.2, E55.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureLACTATED RINGERS INJECTION USP,Administered intravenously,Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner. CPT code0102-152902-1001,96365,9.1

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
5254-830602-2401	(VITAMIN B1 (THIAMINE : 100 MG (VITAMIN B6 (AS PYRIDOXINE HCL : 200 MG (VITAMIN B12 (CYANOCOBALAMIN : 200 MCG SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) after meal
2594-627701-1171	(VITAMIN D3 : 400 IU) (MAGNESIUM : 48 MG) (ZINC : 3.4 MG) (VITAMIN K2 : 90 MCG) (CALCIUM : 320 MG) TABLETS	TABLETS (60S, BLISTER)	30	Take 1Tablets 1Time(s) perDay For 30 Day(s) after meal

Date: 08-03-25(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: 08-03-25(dd/mm/yy) Signature of Insued / 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

HealthNet