



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

body pain, muscle twitching

o/e : look lethargic

dehydrated

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis Pain, unspecified, Dehydration, Nausea with vomiting, unspecified

ICD Code R52, E86.0, R11.2

12. Etiology:

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

14. Plan / Details of Management

a. Procedure 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, Free follow-up consultation of  
the same diagnosis within 7 days of initial consultation by a General Practitioner.

CPT code 0102-152902-1001, 96365, 9.1

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                                              |
|------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------|-----------------------------------------------------------|
| 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 1 Tablets 1 Time(s) per Day For 30 Day(s) after meal |
| 2150-575201-1171 | (CALCIUM : 400 MG (VITAMIN D3 : 200 IU (MAGNESIUM : 100 MG (ZINC : 4 MG TABLETS                                                    | TABLETS (30S, BOX                  | 30       | Take 1 Tablets 1 Time(s) per Day For 30 Day(s) after meal |

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

Doctor's Name DR Amaizah

Signature and Stamp



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 Insured / Claimant



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

