



1. HealthNet Policy Number

2. Patient Name

3. Patient Date of Birth & Sex

5. Nature of illness or Injury

6. Are You the patient's primary physician

7. Presenting Complaints:

PC: EPIGASTRIC PAIN , BURNING , LOSE STOOL FOR 3 DAYS 13/03/25

CHEST PAIN AND PALPITATIONS STARTED NOW 16/03/25

O/E : LOOK PALE , DEHYDRATED , LETHARGIC

TENDER EPIGASTRIC REGION

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute gastritis without bleeding, Pain, unspecified, Dehydration, Diarrhea, unspecified

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: LACTATED RINGERS INJECTION USP, Administered intravenously, RISEK 40MG, SCOPINAL, Blood Count Complete Auto & Auto Diffrntl Wbc Count, C-Reactive Protein, Iaad Eia Hpylori Stool, Lipid Panel, (METRONIDAZOLE : 200 MG/5ML) SUSPENSION, Intramuscular 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 patients 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.

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

I038-000-

121696983-01

2. Authorization

Code:

NESRINE DJEBBARA

16-11-01(dd/mm/yy)

☐ Male ☒

Female

Mobile No. 0551034851

☐ Acute ☐ Chronic ☐ Emergency

☐ Yes ☐ No

ICD Code K29.00, R52, E86.0, R19.7

CPT code 0102-152902-1001, 96365, 0005-174202-0781, 0005-136504-1021, 85025, 86140, 87338, 80061, 0170-116603-1111, 96372, 9

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0102-230603-0831	(ORAL REHYDRATION SALTS (O.R.S. : N/A POWDER FOR SOLUTION	POWDER FOR SOLUTION (28.5G X 10, SACHET	3	Take 1sachet 2 Time(s) per Day For 3 Day(s) after meal
0005-150407-1171	(METOCLOPRAMIDE : 10 MG TABLETS	TABLETS (1000S, BLISTER PACK	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) before meal

Code	Generic	Dosage	Duration	Instructions
0005-136501-0391	(HYOSCINE : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK	2	Take 1Tablets 2 Time(s) per Day For 2 Day(s) after meal
0219-533801-0392	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) morning empty stomach
0415-200001-1452	(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	3	2 caps now then 1 after every loose stool if needed

Date: 16-03-25(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

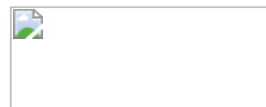
Authorization

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: 16-03-25(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)

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