



1. HealthNet Policy Number

I038-000-
115298190-01

2.
Authorization
Code:

2. Patient Name

RAHAMUDDIN SHEKH BARSATI

3. Patient Date of Birth & Sex

03-01-82(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0523246287

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

pc : lower back pain severe 7 on pain scale more on bending and walking stated 17/03/25

o/e : tender rt side of lower back

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis Pain, unspecified, Low back pain

ICD Code R52, M54.5

12. Etiology:

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

14. Plan / Details of Management

a. Procedure (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, (DICLOFENAC SODIUM : 75 MG/3ML) INJECTION, Intramuscular injection, Administered intravenously, 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 0125-122107-1022, 2190-106618-1001, 0135-149902-0512, 96372, 96365, 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
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 1 Tablets 1 Time(s) per Day For 30 Day(s) after meal
2093-596002-0432	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	3	apply twice daily
0005-119805-1171	(PREDNISOLONE : 5 MG TABLETS	TABLETS (1000S, BLISTER PACK	3	Take 1 Tablets 1 Time(s) per Day For 3 Day(s) after meal
0027-149903-	(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S,	5	Take 1 Tablets 1 Time(s) per Day For 5 Day(s) after

Code	Generic	Dosage	Duration	Instructions
0391		BLISTER PACK)		meal
3819-373201-0391	(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) others

Date: 17-03-25(dd/mm/yy)

Doctor's Name DR Amaizah

Signature and Stamp




Physician Code DHA-P-98486553 HNM Code

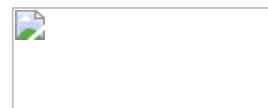
Authorization

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: 17-03-25(dd/mm/yy)

Signature of Insured / 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

