



1. HealthNet Policy Number

I038-000-
117669243-01

2.
Authorization
Code:

2. Patient Name

SYED ARSALAN JAVED BANOORI SYED ILYAS
HAIDER JAVED

3. Patient Date of Birth & Sex

17-09-91(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0521983186

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

PC: Wheezing, shortness of breath and chest pain.

Duration: 5 days (13/03/2025).

Known asthmatic diagnosed 3 years ago.

on regular ventolin inhaler but said to have finished as he had none to use.

Also known hypercholesterolemia patient.

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Cough variant asthma, Allergic rhinitis, unspecified

ICD Code J45.991, J30.9

12. Etiology:

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

14. Plan / Details of Management

a. Procedure (CHLORPHENIRAMINE : 10 MG) INJECTION, (HYDROCORTISONE SOD. SUCCINATE : 250 MG/2ML) POWDER FOR INJECTION, Intramuscular injection, nebulization with ventoline solution, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, 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.

b. Laboratory Test:

c. Radiology / Investigations:

CPT code 0046-111801-0511, 0318-267101-0801, 96372, 94640, 0188-135906-2441, 9

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

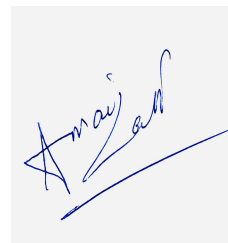
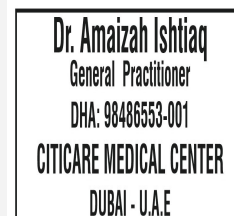
Code	Generic	Dosage	Duration	Instructions
0188-155602-0391	(ROSUVASTATIN (AS CALCIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER (CALENDAR PACK))	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)
0188-135906-2441	(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	3	NEBULIZATION ONLY
6913-395404-1171	(MONTELUKAST (AS SODIUM : 10 MG) TABLETS	TABLETS (30S, BLISTER	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

Code	Generic	Dosage	Duration	Instructions
5314-274301-0391	(LEVOFLOXACIN (AS HEMIHYDRATE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (5S, BLISTER	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
0188-272103-0791	(BUDESONIDE : 160 MCG) (FORMOTEROL FUMARATE : 4.5 MCG) POWDER FOR INHALATION	POWDER FOR INHALATION (120 DOSE, METERED DOSE INHALER)	30	Take 1Puff 2 Time(s) per Day For 30 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) evening

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

Doctor's Name DR Amaizah

Signature and Stamp

Physician Code DHA-P-98486553 HNM Code

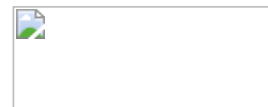
Authorization

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

