



1. HealthNet Policy Number

I038-000-
115298157-01

2.
Authorization
Code:

2. Patient Name

MD MORSHED ALI MD ABUL BASHAR

3. Patient Date of Birth & Sex

10-02-81(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0557355739

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

PATIENT CAME WITH HIGH GRADE FEVER RUNNY NOSE AND THROAT PAIN FOR ONE DAY

COUGH PRODUCTIVE

CHEST CONGESTED WHEEZING

THROAT HYPEREMIC

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute pharyngitis, unspecified, Fever, unspecified, Cough, Wheezing, Acute gastritis without bleeding, Allergic rhinitis, unspecified

ICD Code J02.9, R50.9, R05, R06.2, K29.00, J30.9

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: Blood Count Complete Auto & Auto Differntl Wbc Count, C-Reactive Protein, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, CLOFEN, (CEFTRIAXONE : 1 G) POWDER FOR INJECTION, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, PULMICORT, 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 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:

CPT code 85025, 86140, 2190-106618-1001, 0005-149902-1021, 0219-107704-0801, 0125-122107-1021, 0188-135906-2441, 96372, 96365, 9

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PREScription WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-119803-1171	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1 Tablets 1 Time(s) per Day For 5 Day(s) others
0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	5	Take 1 Syrup 2 Time(s) per Day For 5 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	Take 1 Tablets 2 Time(s) per Day For 3 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others
0139-116201-0391	(AMOXICILLIN : 250 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 19-03-25(dd/mm/yy)

Doctor's Name AISHA

Signature and Stamp

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Physician Code DHA-P-40131439 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: 19-03-25(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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