

1.HealthNet Policy Number	1038-000- 115298157-01	2. Authori: Code:	zation
2.Patient Name	MD MORSHED ALI	MD ABUL	BASHAR
3. Patient Date of Birth & Sex	10-02-81(dd/mm	/уу)	✓ Male ☐ Female
	Mobile No.05573	bile No.0557355739	
5. Nature of illness or Injury	☐ Acute ☐ Chro	ronic $\square$ 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. Relevent Past Medical/Surfgical History

DiagonosisiAcute 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.ProcedureBlood Count Complete Auto&Auto Difrntl 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 familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend

CPT code85025,86140,2190-106618-1001,0005-149902-1021,0219-107704-0801,0125-122107-1021,0188-135906-2441,96372,96365,9

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission:

15 minutes face-to-face with the patient and/or family.

Date of Discharge:

Code	Generic	Dosage	Duration	Instructions
0005- 119803- 1171	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) p Day For 5 Day(s) others
0005- 116702- 2481	(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	5	Take 1Syrup 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 1Tablets 2 Time(s) po Day For 3 Day(s) others

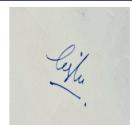
Code	Generic	Dosage	Duration	Instructions
0005- 107001- 0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others
0139- 116201- 0391	(AMOXICILLIN : 250 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER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

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

Signature and Stamp

Doctor's Name AISHA

Physician Code DHA-P-40131439 HNM Code



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

## 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 Insued / Claimint

Copy of NGI - Pharmacy

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

Health Net

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