



1.HealthNet Policy Number

I038-000-
116276447-01

2. Authorization
Code:

2.Patient Name

MAHMOUD YASSER ALSHIKH MAHM

3.Patient Date of Birth & Sex

22-09-93(dd/mm/yy) ☒ Male

Mobile No.0505441750

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

; SORE THROAT , SEVER BODY PAIN ,ASOCIATED WITH HIGH GRADE FEVER AND SHIEVERING FOR 1 DAY

COUGH WITH YELLOW SPUTUM , RUNNY NOSE WATERy EYES 2 DAYS

ORAL INTAKE REDUCED

NAUSEA

O/ E ; LOOK LETHARGIC ,

This Patient has Vitals for Temp: 37.5°C, Pulse: 96bpm, BP: 130mmHg, Height: 179cm, Weight: 100kg, BMI 31.21(Obese), Bloc

HYPEREMIC PHARYNX

swollen tonsils with pus points

CHEST WHEEZING

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Acute tonsillitis, unspecified, Fever, unspecified, Headache, unspecified, Cough, Dehydration, Pain, unspecified

ICD Code J03.90, R50.9, R51.9, R05.

12.Etiology:

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

14.Plan / Details of Management

a.Procedure: CEFTRIAXONE-TABUK IV, CHLOROHISTOL 10MG, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, Blood Count Complete Auto&Auto Diffrntl Wbc Count, C-Reactive Protein, nebulization with ventoline solution, Administered intravenously, LACTATED RINGERS INJECTION USP, (DICLOFENAC SODIUM : 75 MG/3ML) INJECTION, 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., PULMICORT

CPT code 0195-107704-0801,0005-: 1021,0125-122107-1022,2190-1066: 1001,85025,86140,94640,96365,01C 1001,0135-149902-0512,96372,9,01 2441

b.Laboratory Test:

c.Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

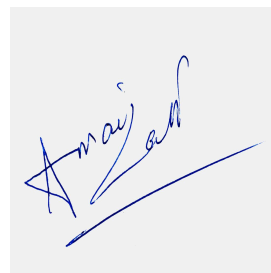
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0188-135906-2441	(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	3	NEBS
0027-142201-0832	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	2	Take 1sachet perDay For 2 after meal
0006-106601-0392	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	3	Take 1Tablets per Day For 3 after meal
0252-389902-1171	(LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 MG TABLETS	TABLETS (14S, BLISTER PACK	5	Take 1Tablets per Day For 5 after meal
0219-142902-1451	(CEFIXIME : 400 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (5S, BLISTER PACK	7	Take 1Tablets per Day For 7 after meal
0005-119803-1172	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (1000S, BLISTER PACK)	5	Take 1Tablets per Day For 5 after meal
6705-602505-3801	(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	3	Take 1Spray 2 per Day For 3 after meal

Date: 22-03-25(dd/mm/yy)

Doctor's Name DR Amaizah

Signature and Stamp



Dr. Amaizah
General Practitioner
DHA: 98486553
CITICARE MEDICAL
DUBAI - U.A.E.

Physician Code DHA-P-98486553 HNM Code

Authorization

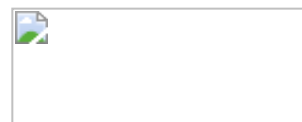
I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above medical examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, 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: 22-03-25(dd/mm/yy)

Signature of Insured / Claimant



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

