



1. HealthNet Policy Number

I038-000-121123810-01

2. Authorization Code:

2. Patient Name

SHERVONI ISMOILOV

3. Patient Date of Birth & Sex

21-01-00(dd/mm/yy)

☒ Male ☐ Female

Mobile No. 0525185335

5. Nature of illness or Injury

6. Are You the patient's primary physician

7. Presenting Complaints:

cough with sputum

greyish in color

pain in chest after cough

o/e there is wheezing

previous history of bronchitis

in investigation CRP IS HIGH

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute bronchitis, unspecified, Other asthma, Cough, Bacterial infection, unspecified

ICD Code J20.9, J45.998, R05, A49.9

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: CEFTRIAXONE-TABUK IV, LACTATED RINGERS INJECTION CPT code 0195-107704-0801, 0102-152902-1001, 0125-USP, DEXAMETHASONE SODIUM PHOSPHATE, Administered intravenously 122107-1022, 96365

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
No Prescriptions History Found				

Date: 27-03-25(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-54155530 HNM Code

Authorization

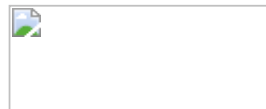
I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above mentioned examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has

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: 27-03-25(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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