



1. HealthNet Policy Number

I038-000-
116276447-01

2. Authorization
Code:

2. Patient Name

MAHMOUD YASSER ALSHIKH MAHMOUD

3. Patient Date of Birth & Sex

22-09-93(dd/mm/yy)

☒ Male ☐ Female

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: This Patient has Vitals for Temp: 37.2°C, Pulse: 92bpm, BP: 136mmHg, Height: 179cm, Weight: 100kg, BMI 31.21(Obese), Blood Sugar

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute pharyngitis, unspecified, Cough, Fever, unspecified, Pain, unspecified, Nasal congestion, Acute tonsillitis, unspecified

ICD Code J02.9, R05, R50.9, R52, R09.81, J03.90

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: CEFTRIAXONE-TABUK IM, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, (CHLORPHENIRAMINE : 10 MG) INJECTION, Intramuscular injection, nebulization with ventoline solution, Administered intravenously, 9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)

CPT code 0195-107704-0802, 0125-122107-1022, 2190-106618-1001, 0046-111801-0511, 96372, 94640, 96365, 9.01

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 DR Amaizah

Signature and Stamp

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
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 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



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

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