



1.HealthNet Policy Number

I038-000-
115298135-01

2. Authorization
Code:

2.Patient Name

KECHUKWU VICTOR NDUCHE

3.Patient Date of Birth & Sex

13-09-85(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0555891985

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

PC : SORE THROAT , SNEEZING , IRRITATION IN THROAT , DRY COUGH

O/E : LOOK LETHARGIC

HYPEREMIC PHARYNX

WHEEZING

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Acute upper respiratory infection, unspecified, Cough, Wheezing, Fever, unspecified

ICD Code J06.9, R05, R06.2, R50.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure: nebulization with ventoline solution, CHLOROHISTOL 10MG, CEFTRIAXONE-TABUK IM, Intramuscular injection, Blood Count Complete Auto&Auto Differntl Wbc Count, C-Reactive Protein, Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner.

CPT code 94640, 0005-111805-1021, 0195-107704-0802, 96372, 85025, 86140, 9.1

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions
6705-602505-3801	(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	5	Take 1Spray 2 Time(s) per Day For 5 Day(s) after meal
0397-116207-0391	(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) evening
0005-116801-1162	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (5ML X 20, SACHET)	7	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal

Date: 01-04-25(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

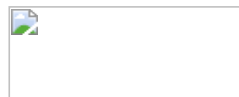
Authorization

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: 01-04-25(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

