1.HealthNet Policy Number I038-000-119123345-01 2. Authorization Code:

2.Patient Name SEGU SEYED AKBAR ALI AKBAR ALI

3.Patient Date of Birth & Sex 30-03-86(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0564692300

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

pain starting in buccal cavity since 5 days

o/e there is poor mouth hygiene in oral cavity

flu

throat pain

cough

runny nose

chest congesion

on investigation there is infection in report

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Pain in throat, Bacterial infection, unspecified ICD Code J06.9, R07.0, A49.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCEFTRIAXONE-TABUK IV,LACTATED RINGERS INJECTION USP,DEXAMETHASONE SODIUM PHOSPHATE,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),Intramuscular injection,Administered intravenously CPT code0195-107704-0801,0102-152902-1001,0125-122107-1022,9.01,96372,96365

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

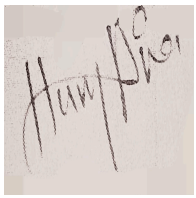
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 02-04-25(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: 02-04-25(dd/mm/yy) Signature of Insued / Claimint

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