



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

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

cough

flu

weakness

body pain

penile infection some times pus coming out over it

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis Disease of upper respiratory tract, unspecified, Other inflammatory disorders of penis

ICD Code J39.9, N48.29

12. Etiology:

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

14. Plan / Details of Management

a. Procedure 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 patient's 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.

CPT code 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

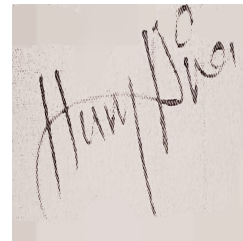
Code	Generic	Dosage	Duration	Instructions
0097-395404-0391	(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	Take 1 Tablets 1 Time(s) per Day For 5 Day(s) evening
0281-128401-0152	(FUSIDIC ACID : 2%) CREAM	CREAM (30G, COLLAPSIBLE TUBE)	5	Take 1 Cream 2 Time(s) per Day For 5 Day(s) others
0207-169703-1161	(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	Take 10ML 3 Time(s) per Day For 5 Day(s) others
0397-116207-	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	7	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) evening

Code	Generic	Dosage	Duration	Instructions
0391				
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 1Time(s) perDay For 7 Day(s) evening

Date: 03-04-25(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

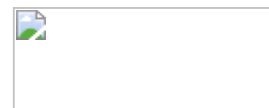
Authorization

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: 03-04-25(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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