



1. HealthNet Policy Number

2. Patient Name

3. Patient Date of Birth & Sex

5. Nature of illness or Injury

6. Are You the patient's primary physician

7. Presenting Complaints:

cough dry

chest pain

high grade fever

chest congestion

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

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

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: Blood Count Complete Auto & Auto Diff, Wbc Count, C-Reactive Protein, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, Administered intravenously, 9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

I038-000-

121123810-01

2. Authorization

Code:

SHERVONI ISMOILOV

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

☒ Male ☐ Female

Mobile No. 0525185335

☐ Acute ☐ Chronic ☐ Emergency

☐ Yes ☐ No

ICD Code J06.9, R50.9, R05

CPT code 85025, 86140, 2190-106618-1001, 96365, 9.01

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 07-04-25(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: 07-04-25(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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