1.HealthNet Policy Number I038-000-121814322-01 2. Authorization Code:

2.Patient Name Ariana Sheikh

3.Patient Date of Birth & Sex 02-09-22(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0527053333

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

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

7.Presenting Complaints:

dry itchy scaly lesions on left leg.

multiple lesions on bilateral arms, itchy, dry, scaly skin.

mother also has eczema

on exam:

dry, erythematous, scaly skin with scratch marks all over, multiple lesions.

moisturise throughout the day.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiIntrinsic (allergic) eczema, Atopic dermatitis, unspecified ICD Code L20.84, L20.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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 patients and/or familys 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 code9

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
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	5	Take 5ML 1 Time(s) per Day For 5 Day(s) evening
0244-566901-0402	(ARGININE : 0.10% W/W) (ALLANTOIN : 0.20% W/W) (GLYCERIN : 5% W/W) (NIACIN (VITAMIN B3; NICOTINIC ACID) : 0.50% W/W) (SHEA BUTTER : 10% W/W) (SODIUM PYRROLIDONE CARBOXYLIC ACID : 0.50% W/W) FOAM	FOAM (295ML, BOTTLE)	1	Take 1 Unit(s), 1 Time(s) per Day For 1 Day(s)

Code	Generic	Dosage	Duration	Instructions
0244-567201-0571	(ARGININE : 0.50% W/W) (ALLANTOIN : 0.20% W/W) (PANTHENOL : 0.20% W/W) (GLYCERIN : 10% W/W) (NIACIN (VITAMIN B3; NICOTINIC ACID) : 0.50% W/W) (SHEA BUTTER : 2% W/W) (SODIUM PYRROLIDONE CARBOXYLIC ACID : 0.50% W/W) (HYDROXYPALMITOYL SPHINGANINE : 0.01% W/W) LOTION	LOTION (295ML, BOTTLE)	1	Take 1 Unit(s), 1 Time(s) per Day For 1 Day(s)
0244-720401-0151	(GLYCERIN : N/A) (ALMOND OIL : N/A) (DIMETHICONE : N/A) (AQUA : N/A) (PETROLATUM : N/A) (GLYCERYL STEARATE : N/A) (CETYL ALCOHOL : N/A) (TOCOPHEROL ACETATE : N/A) (ACRYLATES/C10-30 ALKYL ACRYLATE CROSSPOLYMER : N/A) (BENZYL ALCOHOL : N/A) (PHENOXYETHANOL : N/A) (PROPYLENE GLYCOL : N/A) (EDETATE DISODIUM (EDTA) : N/A) (SODIUM HYDROXIDE : N/A) (DICAPRYLYL ETHER : N/A) (GLYCERYL ACRYLATE : N/A) (DIMETHICONOL : N/A) (PEG-30 STEARATE : N/A) CREAM	CREAM (453G, JAR)	1	Take 1 Unit(s), 1 Time(s) per Day For 1 Day(s)
0252-477901-0151	(HYDROCORTISONE (AS ACETATE) : 10 MG/G) CREAM	CREAM (30G, COLLAPSIBLE TUBE)	7	Take 1Ointment 1 Time(s) per Day For 7 Day(s) others

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

Signature and Stamp

Dr. Bushra Mufti
General practitioner
DHA: 75646242-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Doctor's Name Dr Bushra

Physician Code DHA-P-75646242 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 Insued / Claimint

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

HealthNet