



1.HealthNet Policy Number

I038-000-
121811651-01

2.
Authorization
Code:

2.Patient Name

AYNUR MANSOOR

3.Patient Date of Birth & Sex

14-04-17(dd/mm/yy)

☐ Male ☒ Female

5.Nature of illness or Injury

Mobile No.0527053333

6.Are You the patient's primary physician

☐ Acute ☐ Chronic ☐ Emergency

7.Presenting Complaints:

☐ Yes ☐ No

picky eater.

concerns of growth.

on exam:

some pallor, anemic.

pale conjunctiva.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis Iron deficiency anemia, unspecified, Vitamin D deficiency, unspecified

ICD Code D50.9, E55.9

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 patients and/or families 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

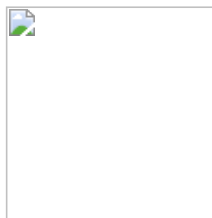
Code	Generic	Dosage	Duration	Instructions
1195-482301-0081	(PANTOTHENIC ACID (VITAMIN B5) : 4 MG) (ZINC : 7.5 MG) (IRON : 7 MG) (RIBOFLAVINE (VITAMIN B2) : 0.8 MG) (BIOTIN : 25 MCG) (CHROMIUM : 10 MCG) (VITAMIN B12 : 3 MCG) (FOLIC ACID : 200 MCG) (THIAMINE (VITAMIN B1) : 0.9 MG) (NIACIN (VITAMIN B3; NICOTINIC ACID) : 9 MG) (PYRIDOXINE (VITAMIN B6) : 0.7 MG) (ASCORBIC ACID (VITAMIN C) : 40 MG) (VITAMIN A : 400 MCG) (VITAMIN E : 10 MG) (SELENIUM : 20 MCG) (COPPER : 100 MCG) (MANGANESE : 0.2 MG) (IODINE : 75 MCG) (MAGNESIUM : 75 MG) (VITAMIN D (AS D3) : 5	CHEWABLE TABLETS (30S, BLISTER PACK)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) after meal
0444-176502-1381	(VITAMIN D3 : 400 IU) SOLUTION (ORAL)	SOLUTION (ORAL) (50ML, BOTTLE)	30	Take 3ML 1 Time(s) per Day For 30 Day(s) after meal
0444-182005-1161	(IRON (AS FERROUS SULFATE) : 30 MG/5ML) SYRUP	SYRUP (250ML, BOTTLE)	90	Take 10ML 1 Time(s) per Day For 90 Day(s) before meal

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

Doctor's Name Dr Bushra

Signature and Stamp

Physician Code DHA-P-75646242 HNM Code



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

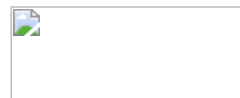
Authorization

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 / Claimant



Copy of NGI - Pharmacy

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

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