



1.HealthNet Policy Number

I038-000-
115298343-012.
Authorization
Code:

2.Patient Name

DAMBAR BAHADUR KARKI

3.Patient Date of Birth & Sex

28-03-88(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0569324247

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

patient came with severe stomach pain after taking break fast since morning .

no nausea and diarrhea .

Oe epigastric tenderness no organomegaly .

pain is not radiates towards back

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis Epigastric pain, Dehydration, Acute gastritis without bleeding

ICD Code R10.13, E86.0, K29.00

12.Etiology:

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

14.Plan / Details of Management

a.Procedure RISEK 40MG-(OMEPRazole : 40 MG) POWDER FOR INFUSION, SCOPAL-
(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION, Intramuscular

injection, Administered intravenously, LACTATED RINGER'S INJECTION USP, Office

consultation for a new or established patient, which requires these 3 key components: A
problem focused history; A problem focused examination; and Straightforward medicaldecision 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 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 0005-174202-0781, 0005-136504-
1021, 96372, 96365, 0439-152905-1001, 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
0042-136501-1171	(HYOSCINE : 10 MG) TABLETS	TABLETS (500S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
0206-151703-0081	(SIMETHICONE : 42MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	7	Take 1 Tablets 2 Time(s) per Day For 7 Day(s) others

Date: 14-04-25(dd/mm/yy)

Doctor's Name AISHA

Signature and Stamp

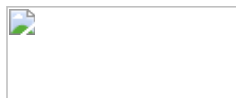
Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Physician Code DHA-P-40131439 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: 14-04-25(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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