1.HealthNet Policy Number	I038-000-119327096-01 2. Authorization Code:
2.Patient Name	AHMED YOUSSEF ABDELSATTAR ALI
3.Patient Date of Birth & Sex	08-04-92(dd/mm/yy) ☑ Male ☐ Female
	Mobile No.0547931433
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency
6.Are You the patient's primary physician	☐ Yes ☐ No

7.Presenting Complaints:

fever somtimes

bodyaches

weakness

sore throat

chest congesion

nausea

o/e

dry lips

sunken eyes

sign of dehydration

CRP is high

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Cough, Pain, unspecified, Dehydration, Nasal congestion	ICD Code J06.9, R05, R52, E86.0, R09.81

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCEFTRIAXONE-TABUK IV,LACTATED RINGER'S INJECTION USP,Administered intravenously,PULMICORT,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)	CPT code0195-107704-0801,0439-152905-1001,96365,0188-135906-2441,9.01
b.Laboratiry Test:	
c.Radiology / Investigations:	

15.In Case of Hospitalization: Date of Addmission:	Date of Discharge:

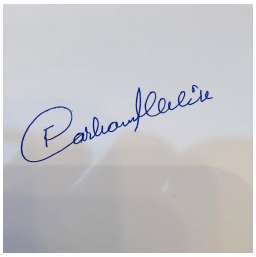
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 16-04-25(dd/mm/yy)

Signature and Stamp



Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

Doctor's Name Dr.Farhan Iyas

Physician Code DHA-P-6441782 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: 16-04-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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