



1.HealthNet Policy Number

I038-000-
116335104-012. Authorization
Code:

2.Patient Name

IHSSANE GARAA

3.Patient Date of Birth & Sex

23-06-90(dd/mm/yy)

☐ Male ☒ Female

Mobile No.0566582634

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

PC ; SORE THROAT , HEADCHE , BODYPAIN FEVER STARTED 19/04/25

O/E : LOOK PALE , LETHARGIC , DEHYDRATED

PHRAYNX HYPEREMIA

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Acute pharyngitis, unspecified, Pain, unspecified, Cough, Allergic rhinitis, unspecified, Fever, unspecified, Rash and other nonspecific skin eruption

ICD Code J02.9, R52, R05, J30.9, R50.9, R21

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 Diffrntl Wbc Count,CEFTRIAZONE-TABUK IM,LACTATED RINGER'S INJECTION USP,Administered intravenously,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(CHLORPHENIRAMINE : 10 MG) INJECTION,CLOFEN ,Intramuscular injection,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 85025,0195-107704-0802,0439-152905-1001,96365,2190-106618-1001,0046-111801-0511,0005-149902-1021,96372,9

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
0195-187502-0151	(BETAMETHASONE : 0.10%) (FUSIDIC ACID : 2%) CREAM	CREAM (15G, TUBE)	5	apply topically
0027-142201-0832	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	3	Take 1sachet 1 Time(s) per Day For 3 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0397-116207-0391	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
6705-602505-3801	(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	5	Take 1Spray 2 Time(s) per Day For 5 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening

Date: 21-04-25(dd/mm/yy)

Doctor's Name DR Amaizah

Signature and Stamp



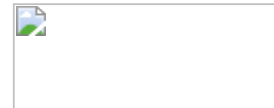
Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Physician Code DHA-P-98486553 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: 21-04-25(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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