



1. HealthNet Policy Number

I038-000-
121696983-01

2. Authorization
Code:

2. Patient Name

NESRINE DJEBBARA

3. Patient Date of Birth & Sex

16-11-01(dd/mm/yy)

☐ Male ☒ Female

Mobile No. 0551034851

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

pc : severe allergy on thighs causing itching and pain which is burning pain ,
started 18/04/25

o/e : scaly red patch on thigh which are weeping

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis Rash and other nonspecific skin eruption, Acute vaginitis

ICD Code R21, N76.0

12. Etiology:

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

14. Plan / Details of Management

a. Procedure (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,
(CHLORPHENIRAMINE : 10 MG) INJECTION, Intramuscular injection, (DICLOFENAC
SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION, 9.019.01 - (9.01) - Follow Up -
Consultation GP - (AED 0.0000)

CPT code 0125-122107-1022, 0046-111801-
0511, 96372, 0005-149902-1021, 9.01

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

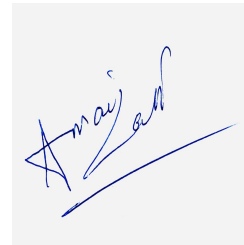
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	Take 1 Tablets 1 Time(s) per Day For 3 Day(s) after meal
0005-709601-0151	(GRAMICIDIN : 0.25MG/G) (NEOMYCIN SULPHATE : 2.5 MG/G) (NYSTATIN : 100000 IU/G) (TRIAMCINOLONE ACETONIDE : 1 MG/G) CREAM	CREAM (30G, COLLAPSIBLE TUBE)	5	apply twice daily
0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1 Tablets 1 Time(s) per Day For 5 Day(s) after meal
0397-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, STRIP)	5	Take 1 Tablets 1 Time(s) per Day For 5 Day(s) after meal

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

Doctor's Name DR Amaizah

Signature and Stamp



Physician Code DHA-P-98486553 HNM Code

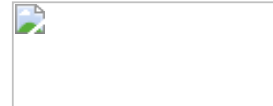
Authorization

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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