



1. HealthNet Policy Number

I038-000-
120333989-01

2. Authorization
Code:

2. Patient Name

ANAS ABDUL AZEEZ ABDUL AZEEZ

3. Patient Date of Birth & Sex

01-01-94(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 5664794644000000

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

PT CAME WITH FEVER, THROAT PAIN, SNEEZING AND COUGHING FOR 3 DAYS

OE THROAT IS MILD HYPEREMIC

CHEST IS CONGESTED

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute upper respiratory infection, unspecified, Fever, unspecified, Sneezing, Pain, unspecified, Acute pharyngitis, unspecified, Other allergic rhinitis

ICD Code J06.9, R50.9, R06.7, R52, J02.9, J30.89

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, C-Reactive Protein, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, nebulization with ventoline solution, 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 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. Administered intravenously, Intramuscular injection

CPT code 85025, 86140, 2190-106618-1001, 0125-122107-1022, 0188-135906-2441, 94640, 9, 96365, 96372

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
0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	5	Take 1 Syrup 2 Time(s) per Day For 5 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	Take 1 Tablets 2 Time(s) per Day For 3 Day(s) others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
0097-127405-0392	(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 03-05-25(dd/mm/yy)

Doctor's Name AISHA

Signature and Stamp

Physician Code DHA-P-40131439 HNM Code

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

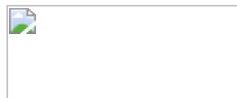
Authorization

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: 03-05-25(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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