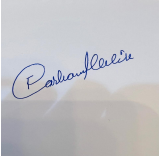




1. HealthNet Policy Number	1038-000-121404659-01	2. Authorization Code:	ARCHINTHA PRIYADARSHANA PERERA GAJANAKE MUDALIGE	
2. Patient Name				
3. Patient Date of Birth & Sex	18-08-88(dd/mm/yy)	☒ Male ☐ Female		
5. Nature of illness or Injury	Mobile No. 0542547635			
6. Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency			
7. Presenting Complaints:	☐ Yes ☐ No			
loose motion 4-5 times today and yesterday also.				
abdominal pain				
history of abdominal pain				
8. Duration of Symptoms:				
9. Onset of Condition:				
10. Relevant Past Medical/Surgical History				
Diagnosis: Bacterial foodborne intoxication, unspecified, Diarrhea, unspecified, Lower abdominal pain, unspecified		ICD Code A05.9, R19.7, R10.30		
12. Etiology:				
13. In case of Injury: mode of Injury/place of Injury				
14. Plan / Details of Management				
a. Procedure: LACTATED RINGER'S INJECTION USP, CEFTRIAXONE-TABUK IV, Administered intravenously, SCOPINOL, Intramuscular injection, Blood Count Complete Auto&Auto Diffrntl Wbc Count, C-Reactive Protein, 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. 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
0415-200001-1452	(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	3	Take 1 Capsule 2 Time(s) per Day For 3 Day(s) others
6619-608703-0831	(SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 4.4 G, SACHET)	3	Take 1 sachet 1 Time(s) per Day For 3 Day(s) others
0097-103202-0392	(CIPROFLOXACIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	3	Take 1 Tablets 2 Time(s) per Day For 3 Day(s) others
0005-136501-0391	(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
0152-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	3	Take 1 Tablets 2 Time(s) per Day For 3 Day(s) others
Date: 08-05-25(dd/mm/yy) Doctor's Name: Dr. Farhan Iyas Physician Code: DHA-P-6441782 HNM Code Signature and Stamp:  Dr. Farhan Iyas Malik Physician-General Practitioner DHA-06441782-001 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: 08-05-25(dd/mm/yy) Signature of Insued / Claimint				

Copy of NGI - Pharmacy

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

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