



1. HealthNet Policy Number

1038-000-
118180006-012.
Authorization
Code:

2. Patient Name

ABDULRAHMAN MUSA BALA

3. Patient Date of Birth & Sex

20-07-89(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0582130863

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 dry cough and throat pain along with body pain and fever for 13/5/25

oe throat is mild hyperemic

chest is congestd

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute pharyngitis, unspecified, Acute upper respiratory infection, unspecified, Fever, unspecified, Cough, Pain in throat

ICD Code J02.9, J06.9, R50.9, R05, R07.0

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, PULMICORT- (BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, PARAFUSIV I.V. 10MG/ML- (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, CEFTRIAZONE- TABUK IV, Intramuscular injection, Administered intravenously, 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.

CPT code 0005-149902-1021, 0125-122107-1022, 0188-135906-2441, 2190-106618-1001, 0195-107704-0801, 96372, 96365, 94640, 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

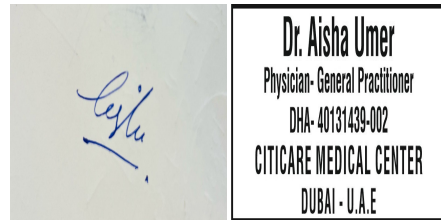
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
6705-602505-3801	(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	5	Take 1 Spray 2 Time(s) per Day For 5 Day(s) others
0005-116801-1161	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	5	Take 1 Syrup 2 Time(s) per Day For 5 Day(s) others
0006-106601-0392	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	5	Take 1 Tablets 3 Time(s) per Day For 5 Day(s) others
0005-119803-1172	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (1000S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
0397-116213-0801	(CLAVULANIC ACID : 100 MG) (AMOXICILLIN : 500 MG) POWDER FOR INJECTION	POWDER FOR INJECTION (10S, VIAL)	7	Take 1 Tablets 2 Time(s) per Day For 7 Day(s) others

Date: 15-05-25(dd/mm/yy)

Doctor's Name AISHA

Signature and Stamp



Physician Code DHA-P-40131439 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: 15-05-25(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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