



1. HealthNet Policy Number

I038-000-
121782138-012.
Authorization
Code:

2. Patient Name

SHWE WAH WIN

3. Patient Date of Birth & Sex

10-10-96(dd/mm/yy)

☐ Male ☒ Female

Mobile No. 0565623588

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 itching and rashes through out the body

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis Allergy, unspecified, sequela, Rash and other nonspecific skin eruption

ICD Code T78.40XS, R21

12. Etiology:

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

14. Plan / Details of Management

a. Procedure Allergen Specific Ige Quan/Semiquan Ea Allergen, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION, Intramuscular injection, Administered intravenously, 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 86003, 0125-122107-1022, 0005-111805-1021, 96372, 96365, 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
0220-137301-2571	(CALAMINE : N/A) TOPICAL LOTION	TOPICAL LOTION (100ML, BOTTLE)	10	Take 1 Lotion 2 Time(s) per Day For 10 Day(s) others
0005-119803-1171	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	10	Take 1 Tablets 1 Time(s) per Day For 10 Day(s) others
0320-148701-1171	(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	7	Take 1 Tablets 2 Time(s) per Day For 7 Day(s) others

Date: 17-05-25(dd/mm/yy)

Doctor's Name AISHA

Signature and Stamp

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

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: 17-05-25(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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