1.HealthNet Policy Number I038-000-121580698-01 2. Authorization Code:

2.Patient Name Stephane Justine Evelyn Hornsby Stoltz

3.Patient Date of Birth & Sex 13-11-97(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0552934193

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

pc : hx of trauma to finger while working in kitchen , she was grating vegetables when injured her finger with grater 26/05/25

cauing pain which is severe

o/e : abrasion and bleeding , whole skin flap lacerated

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiLaceration w/o fb of unsp finger w/o damage to nail, init, Pain, unspecified, Cellulitis of left finger ICD Code S61.219A, R52, L03.012

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureNON-SURGICAL CLEANSING WITH SURGICAL DRESSING MORE THAN 48 SQ INCHES / 300 SQ CENTIMETERS.,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 familys 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 code51.03,9

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0219-187502-0151	(BETAMETHASONE : 0.10%) (FUSIDIC ACID : 2%) CREAM	CREAM (15G, COLLAPSIBLE TUBE)	3	apply daily
0027-149904-0341	(DICLOFENAC SODIUM : 50 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (20S, BLISTER PACK)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0397-116207-0391	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others

Date: 26-05-25(dd/mm/yy)

Signature and Stamp

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Doctor's Name DR Amaizah

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: 26-05-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)
NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae

HealthNet