



1. HealthNet Policy Number

I038-000-

115704676-01

2. Authorization

Code:

2. Patient Name

SAFARUDEEN POOVETHUM PARAMBIL

MOHAMMED

3. Patient Date of Birth & Sex

25-05-77(dd/mm/yy)

☒ Male ☐ Female

Mobile No. 971501501179

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

pc : sevre epigastric pain , burning and reflux , pain in rt hypochondrium which is dull

nausea and loss of appetite

bloating discomfort started 25/05/25 took antacid and not improved

o/e : look toxic , yellow discoloration of sclera and nial bed

and irritable , tender epigastric

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute gastritis without bleeding, Pain, unspecified, Gastro-esophageal reflux dis with esophagitis, without bleed, Abdominal distension (gaseous), Dehydration, Nausea, Unspecified jaundice

ICD Code K29.00, R52, K21.00, R14.0, E86.0, R11.0, R17

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: RISEK 40MG, LACTATED RINGER'S INJECTION USP, Administered intravenously, Blood Count Complete Auto & Auto Diffrntl Wbc Count, laad Eia Hpylori Stool, 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. Bilirubin Total, Transferase Alanine Amino Alt Sgpt, Albumin Serum Plasma/Whole Blood

CPT code 0005-174202-0781, 0439-152905-1001, 96365, 85025, 87338, 9, 82247, 84460, 82040

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
4937-189409-1111	(CALCIUM CARBONATE : 80 MG/5ML) (SODIUM BICARBONATE : 133.5 MG/5ML) (SODIUM ALGINATE : 250 MG/5ML) SUSPENSION	SUSPENSION (200ML, BOTTLE)	7	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal
0219-533801-0391	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, HDPE BOTTLE)	7	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) morning empty stomach

Date: 28-05-25(dd/mm/yy)

Doctor's Name DR Amaizah

Signature and Stamp

Physician Code DHA-P-98486553 HNM Code

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

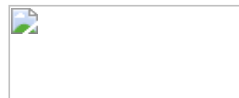
Authorization

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: 28-05-25(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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