



1. HealthNet Policy Number

I038-000-
118379043-012.
Authorization
Code:

2. Patient Name

AJIT SINGH DAULAT SINGH

3. Patient Date of Birth & Sex

23-07-91(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0504994623

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

pc : severe lower back pain which is 08 on pain scale , causing difficulty in walking and bending

o/e : look pale

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis Low back pain, Sprain of ligaments of lumbar spine, subsequent encounter

ICD Code M54.5, S33.5XXD

12. Etiology:

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

14. Plan / Details of Management

a. Procedure CLOFEN , (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, PARAFUSIV I.V. 10MG/ML- (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, Intramuscular injection, 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., Administered intravenously

CPT code 0005-149902-1021, 0125-122107-1022, 2190-106618-1001, 96372, 9, 96365

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
2150-575201-1171	(CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) TABLETS	TABLETS (30S, BOX)	30	Take 1 Tablets 1 Time(s) per Day For 30 Day(s) after meal
0186-143701-0062	(CELECOXIB : 200 MG) CAPSULES	CAPSULES (30S, BLISTER PACK)	5	Take 1 Tablets 1 Time(s) per Day For 5 Day(s) after meal
3819-373201-0391	(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	3	Take 1 Tablets 1 Time(s) per Day For 3 Day(s) others
2093-596002-0432	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	3	MASSAGE ON PAINFUL AREA

Date: 31-05-25(dd/mm/yy)

Doctor's Name DR Amaizah

Signature and Stamp



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: 31-05-25(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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