

1.HealthNet Policy Number	1038-000- 120093446-01	2. Authorization Code:
2.Patient Name	HAMID MAHMOOD	
3.Patient Date of Birth & Sex	15-12-90(dd/mm/y	y) 🗸 Male 🗆 Female
	Mobile No.0509296	5530
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency	
6.Are You the patient's primary physician	☐ Yes ☐ No	
7.Presenting Complaints:		
follow up		
crp 23.5		
8.Duration of Symptoms:		
9.Onset of Condition:		
10.Relevent Past Medical/Surfgical History		
DiagonosisiAcute tonsillitis, unspecified, Fever, unspecified, Cough, Diarrhea, unspecified, Dehydration, Acute gastritis without bleeding	ICD Code J03.90, R5	0.9, R05, R19.7, E86.0, K29.00
12.Etiology:		
13.In case of Injury:mode of Injury/place of Injury		
14.Plan / Details of Management		
a.Procedure(CEFTRIAXONE: 1 G) POWDER FOR INJECTION,DEXAMETHASONE SODIUM PHOSPHATE,Intramuscular injection,Administered intravenously, (METRONIDAZOLE: 5 MG/ML) SOLUTION FOR INFUSION,LACTATED RINGER'S INJECTION USP,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)		04-0801,0125-122107- 442-116612-1001,0439-152905-
b.Laboratiry Test:		

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission:

Date of Discharge:

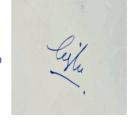
	PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions	
6619- 230505- 0831	(SODIUM CHLORIDE : 2.6 G) (POTASSIUM CHLORIDE : 1.5 G) (SODIUM CITRATE : 2.9 G) (DEXTROSE ANHYDROUS : 13.5 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10X21.8G, SACHET)	3	Take 1Solution 2 Time(s per Day For 3 Day(s) others	
0207- 533801- 1451	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) before meal	
0397- 116207- 0391	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	
0152- 116604- 0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	

Date: 29-06-25(dd/mm/yy)

Signature and Stamp

Doctor's Name AISHA

Physician Code DHA-P-40131439 HNM Code



Dr. Aisha Umer Physician- General Practitioner DHA- 40131439-002 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

	medical services to me or my depe al services and copies of all medical	ndents to furnish NGI with any and all information w and hospital records.	ith regard to any medical history, medical condition
A Photoc	opy or teletax copy of this authoriz	ation shall be considered effective any valid as the or	riginal
Date:	29-06-25(dd/mm/yy)	Signature of Insued / Claimint	

Copy of NGI - Pharmacy



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