



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/yy)

☒ Male ☐ Female

Mobile No. 0509296530

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. Relevant Past Medical/Surgical History

Diagnosis: Acute tonsillitis, unspecified, Fever, unspecified, Cough, Diarrhea, unspecified, Dehydration, Acute gastritis without bleeding

ICD Code J03.90, R50.9, 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)

CPT code 0195-107704-0801, 0125-122107-1022, 96372, 96365, 0442-116612-1001, 0439-152905-1001, 9.01

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
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 1 Solution 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 1 Tablets 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 1 Tablets 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 1 Tablets 2 Time(s) per Day For 5 Day(s) others

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

Signature of Insured / 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

