



1. HealthNet Policy Number

I038-000-
115438155-01

2.
Authorization
Code:

2. Patient Name

Temitope David Kojusola

3. Patient Date of Birth & Sex

02-08-84(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0551157507

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

PC PAIN AT THE TIP OF PENIS AND THE WHOLE PENIS

HOPC pt presented with complaints of pain over penis on and off since last 2 months

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Other specified disorders of penis, Dysuria

ICD Code N48.89, R30.0

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: Blood Count Complete Auto & Auto Diffrntl Wbc Count, Urnls Dip Stick/ Tablet Reagent Auto Microscopy, (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR 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 family's 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. Intramuscular injection

CPT code 85025, 81001, 0005-149902-
1021, 9, 96372

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
0027-142201-0831	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
0067-142201-0391	(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	Take 1 Tablets 2 Time(s) per Day For 3 Day(s) others

Date: 27-07-25(dd/mm/yy)

Doctor's Name KEERTHANA

Signature and Stamp

Physician Code DHA-P-37864046 HNM Code

Authorization



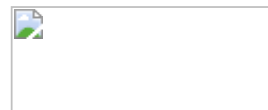
د. کیرثانا رانی پادیپوراییل ثارا
Dr. Keerthana Rani Padippurayil Thara
General Practitioner
License No.: 37864046-001
مرکز سیتی کیر الطبي ذم م
CITICARE MEDICAL CENTER LLC

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: 27-07-25(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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