



1.HealthNet Policy Number

2.Patient Name

3.Patient Date of Birth & Sex

5.Nature of illness or Injury

6.Are You the patient's primary physician

7.Presenting Complaints:

Dry cough for the past two days.

Difficulty breathing since last night.

Also has fever and chest pain.

Not a known asthmatic but smokes at least 4sticks of cigarette a day.

ENT: Hyperemic and hypertrophied tonsils.

Chest is clinically clear.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

DiagnosisAcute bronchitis, unspecified, Acute tonsillitis, unspecified, Cough, Fever, unspecified, Pain in throat

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Diffrntl Wbc Count,C-Reactive Protein,Gp Consultation,SICK LEAVE - 1 DHA

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

16.

2. Authorization Code:

MINDADA THEEKSHANA INDUWARA NAIDUWA HANDI

17-12-98(dd/mm/yy)

Mobile No.0543709796

☐ Acute

☐ Chronic

☐ Emergency

☒ Male

☐ Female

☐ Yes

☐ No

CPT code85025,86140,9,

Date of Discharge:

PRESCRIPTION WITH DOSAGE & DURATION

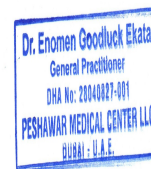
Code	Generic	Dosage	Duration	Instructions
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal
0005-124502-1161	(SALBUTAMOL : 2 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	5	Take 10ML 2 Time(s) per Day For 5 Day(s) after meal
0005-116801-2481	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, GLASS BOTTLE)	7	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal
0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 2Tablets 1 Time(s) per Day For 7 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
2027-560101-0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	8	Take 1Tablets 2 Time(s) per Day For 8 Day(s) after meal
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal

Date: 23-10-23(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

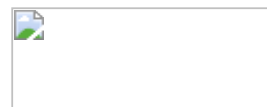



Physician Code DHA-P-28040827 HNM Code

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: 23-10-23(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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