



1.HealthNet Policy Number

1038-000-118712256- 2. Authorization  
01 Code:

2.Patient Name

LIAQAT ALI KHAN MOMIN KHAN

3.Patient Date of Birth &amp; Sex

01-01-92(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0555970161

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

bleed from littles area due to picking nose

no active bleeding

mild abrasion

gastritis on taking spicy food,chest burn

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Acute gastritis without bleeding, Heartburn, Superficial mycosis, unspecified, Abrasion of nose, initial encounter, Bacterial infection, unspecified

ICD Code K29.00, R12, B36.9, S00.31XA, A49.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure:Gp Consultation

CPT code:9

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

## PRESCRIPTION WITH DOSAGE &amp; DURATION

| Code                           | Generic | Dosage | Duration | Instructions |
|--------------------------------|---------|--------|----------|--------------|
| No Prescriptions History Found |         |        |          |              |

Date: 25-10-23(dd/mm/yy)

Doctor's Name Sajid Sanaullah

Signature and Stamp



Physician Code DHA-P-5758224 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: 25-10-23(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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