



1.HealthNet Policy Number

1038-000-
115298114-012.
Authorization
Code:

2.Patient Name

Mohamed Othman Ghanem Othman

3.Patient Date of Birth & Sex

23-07-91(dd/mm/yy)

☒ Male ☐
Female

Mobile No.0581765531

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

Severe pain in lower back and anterior part has severe pain since 20 days started on 8/10/2023

also has some dermatitis in face

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis Low back pain, Lumbago with sciatica, right side, Vitamin B deficiency, unspecified, Cough

ICD Code M54.5, M54.41, E53.9, R05

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded 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 families needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.,CLOFEN ,DEXAMETHASONE SODIUM PHOSPHATE,INJECTION

SERVICE-IM,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 families 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.

CPT code 10,0005-149902-1021,0125-
122107-1022,96372,9

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
5254-830602-2401	(VITAMIN B1 (THIAMINE) : 100 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 200 MG) (VITAMIN B12 (CYANOCOBALAMIN) : 200 MCG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
1217-373201-	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S,	10	Take 1Tablets 3 Time(s) per Day For 10

Code	Generic	Dosage	Duration	Instructions
2401		BLISTER PACK)		Day(s) others
4417-711202-0391	(IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER)	6	Take 1Tablets 4 Time(s) per Day For 6 Day(s) others

Date: 28-10-23(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: 28-10-23(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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