1.HealthNet Policy Number I038-000-115298102-01 2. Authorization Code:

2.Patient Name Peter Kalinda

3.Patient Date of Birth & Sex 01-01-93(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0524495579

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:sebaceous cyst in occipital area with one time relapse after drainage on 1/10/2023

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiSebaceous cyst ICD Code L72.3

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureIncision and drainage of hematoma, seroma or fluid collection CPT code10140

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

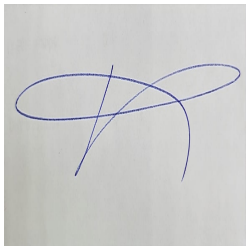
Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 29-10-23(dd/mm/yy)

Doctor's Name Dr. Hamid Esmaeilpour

Physician Code DHA-P-010991334 HNM Code

Signature and Stamp



Dr. Hamid Esmaeilpour
Specialist General Surgery
DHA No: 10991334-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 29-10-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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