



1.HealthNet Policy Number

I038-000-
118752762-012.
Authorization
Code:

2.Patient Name

PHONE MYAT THU

3.Patient Date of Birth & Sex

08-05-97(dd/mm/yy)

☒ Male ☐
Female

Mobile No.0543703792

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

C/O: Cough, pain in throat, fever and weakness with severe body pains.

Symptoms onset is yesterday night.

Also itchy throat, itchy nose, nasal congestion and sneezing.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Acute upper respiratory infection, unspecified, Acute pharyngitis, unspecified,
Allergic rhinitis, unspecified, Fever, unspecified, Cough

ICD Code J06.9, J02.9, J30.9, R50.9, R05

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,C-Reactive Protein,Sedimentation Rate Rbc Automated,CLOFEN ,Administered intravenously,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 85025,86140,85652,0005-
149902-1021,96365,9

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

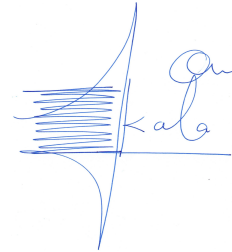
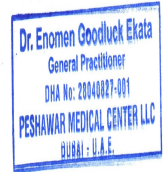
Code	Generic	Dosage	Duration	Instructions
5253- 649501- 3851	(MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY	NASAL SPRAY (120 DOSE, PUMP SPRAY)	5	Take 2 Drops 2 Time(s) per Day For 5 Day(s) others
4874- 125821- 3801	(POVIDONE IODINE : 0.45%) SPRAY SOLUTION	SPRAY SOLUTION (50ML, BOTTLE)	7	Take 1 Spray 4 Time(s) per Day For 7 Day(s) others
0195- 123701- 0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1 Tablets 1 Time(s) per Day For 10 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0696-107902-0392	(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	4	Take 1Tablets 2 Time(s) per Day For 4 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
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2Time(s) perDay For 10 Day(s) after meal

Date: 02-11-23(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

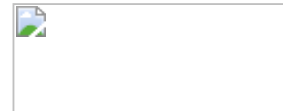



Physician Code DHA-P-28040827 HNM Code

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: 02-11-23(dd/mm/yy) Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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