



1.HealthNet Policy Number

I038-000-
118783741-01

2.
Authorization
Code:

2.Patient Name

TAIMOOR KHAN LODHI MUHAMMAD
SHUJAAT KHAN

3.Patient Date of Birth & Sex

22-07-97(dd/mm/yy)

☒ Male ☐
Female

5.Nature of illness or Injury

Mobile No.0588318322

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

c/o ear ache -lt ear since 2 days

discharge noted since morning

reduced hearing lt ear

no fever, cold, cough

c/o pain in multiple joint since 2 weeks

shoulder , elbow, wrist and lower back pain , present in morning, with stiffness

no joint swelling noted

O/e- afberile

rt ear- wax present

Lt ear- otitis media , suppurative, purulent discharge

no joint swelling or rashes noted

arthralgia present

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis Acute suppurative otitis media w perforated ear drum, left ear, Otalgia, left ear, Family history of arthritis, Polyarthritis, unspecified

ICD Code H66.012, H92.02, Z82.61, M13.0

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: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with

CPT code 99.20-99.60, 96.10-96.12, 96.13-96.16, 96.17-96.18, 96.19-96.20, 96.21-96.22, 96.23-96.24, 96.25-96.26, 96.27-96.28, 96.29-96.30, 96.31-96.32, 96.33-96.34, 96.35-96.36, 96.37-96.38, 96.39-96.40, 96.41-96.42, 96.43-96.44, 96.45-96.46, 96.47-96.48, 96.49-96.50, 96.51-96.52, 96.53-96.54, 96.55-96.56, 96.57-96.58, 96.59-96.60, 96.61-96.62, 96.63-96.64, 96.65-96.66, 96.67-96.68, 96.69-96.70, 96.71-96.72, 96.73-96.74, 96.75-96.76, 96.77-96.78, 96.79-96.80, 96.81-96.82, 96.83-96.84, 96.85-96.86, 96.87-96.88, 96.89-96.90, 96.91-96.92, 96.93-96.94, 96.95-96.96, 96.97-96.98, 96.99-97.00, 97.01-97.02, 97.03-97.04, 97.05-97.06, 97.07-97.08, 97.09-97.10, 97.11-97.12, 97.13-97.14, 97.15-97.16, 97.17-97.18, 97.19-97.20, 97.21-97.22, 97.23-97.24, 97.25-97.26, 97.27-97.28, 97.29-97.30, 97.31-97.32, 97.33-97.34, 97.35-97.36, 97.37-97.38, 97.39-97.40, 97.41-97.42, 97.43-97.44, 97.45-97.46, 97.47-97.48, 97.49-97.50, 97.51-97.52, 97.53-97.54, 97.55-97.56, 97.57-97.58, 97.59-97.60, 97.61-97.62, 97.63-97.64, 97.65-97.66, 97.67-97.68, 97.69-97.70, 97.71-97.72, 97.73-97.74, 97.75-97.76, 97.77-97.78, 97.79-97.80, 97.81-97.82, 97.83-97.84, 97.85-97.86, 97.87-97.88, 97.89-97.90, 97.91-97.92, 97.93-97.94, 97.95-97.96, 97.97-97.98, 97.99-98.00, 98.01-98.02, 98.03-98.04, 98.05-98.06, 98.07-98.08, 98.09-98.10, 98.11-98.12, 98.13-98.14, 98.15-98.16, 98.17-98.18, 98.19-98.20, 98.21-98.22, 98.23-98.24, 98.25-98.26, 98.27-98.28, 98.29-98.30, 98.31-98.32, 98.33-98.34, 98.35-98.36, 98.37-98.38, 98.39-98.40, 98.41-98.42, 98.43-98.44, 98.45-98.46, 98.47-98.48, 98.49-98.50, 98.51-98.52, 98.53-98.54, 98.55-98.56, 98.57-98.58, 98.59-98.60, 98.61-98.62, 98.63-98.64, 98.65-98.66, 98.67-98.68, 98.69-98.70, 98.71-98.72, 98.73-98.74, 98.75-98.76, 98.77-98.78, 98.79-98.80, 98.81-98.82, 98.83-98.84, 98.85-98.86, 98.87-98.88, 98.89-98.90, 98.91-98.92, 98.93-98.94, 98.95-98.96, 98.97-98.98, 98.99-99.00, 99.01-99.02, 99.03-99.04, 99.05-99.06, 99.07-99.08, 99.09-99.10, 99.11-99.12, 99.13-99.14, 99.15-99.16, 99.17-99.18, 99.19-99.20, 99.21-99.22, 99.23-99.24, 99.25-99.26, 99.27-99.28, 99.29-99.30, 99.31-99.32, 99.33-99.34, 99.35-99.36, 99.37-99.38, 99.39-99.40, 99.41-99.42, 99.43-99.44, 99.45-99.46, 99.47-99.48, 99.49-99.50, 99.51-99.52, 99.53-99.54, 99.55-99.56, 99.57-99.58, 99.59-99.60, 99.61-99.62, 99.63-99.64, 99.65-99.66, 99.67-99.68, 99.69-99.70, 99.71-99.72, 99.73-99.74, 99.75-99.76, 99.77-99.78, 99.79-99.80, 99.81-99.82, 99.83-99.84, 99.85-99.86, 99.87-99.88, 99.89-99.90, 99.91-99.92, 99.93-99.94, 99.95-99.96, 99.97-99.98, 99.99-100.00

other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or family's 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. Blood Count Complete Auto & Auto Diffrntl Wbc Count, C-Reactive Protein, Rheumatoid Factor Quantitative, Antinuclear Antibodies Ana

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
0207-290301-0391	(LEVOCETIRIZINE (DIHCL OR HCL) : 5 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1 Tablets 1 Time(s) per Day For 10 Day(s) evening
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	7	Take 1 Tablets 2 Time(s) per Day For 7 Day(s) after meal
0278-107902-0391	(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	7	Take 1 Tablets 2 Time(s) per Day For 7 Day(s) after meal
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1 Tablets 2 Time(s) per Day For 7 Day(s) after meal

Date: 10-11-23(dd/mm/yy)

Doctor's Name Dr. Rashmi Mosale

Signature and Stamp

Dr. Rashmi Keshava Murthy Mosale
General Practitioner
DHA No: 00230994-003
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-0230994 HNM Code

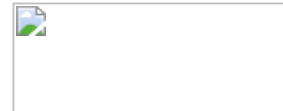
Authorization

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: 10-11-23(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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