1.HealthNet Policy Number I038-000-119961964-01 2. Authorization Code:

2.Patient Name HELA MOHAMMAD

3.Patient Date of Birth & Sex 23-08-23(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0524675296

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

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

7.Presenting Complaints:Severe cough and wheezing since three days and mild distress started on 16/11/2023

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute bronchiolitis, unspecified, Wheezing, Cough, Acute upper respiratory infection, unspecified ICD Code J21.9, R06.2, R05, J06.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureNebulization,PULMICORT,VENTOLIN NEBULES,Gp Consultation CPT code94640,0188-135906-2441,0006-124513-2071,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

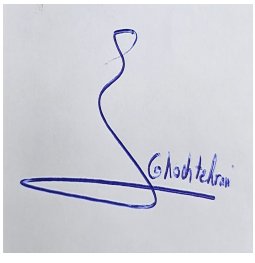
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0188-135907-2441	(BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	5	Take 1ML 1 Time(s) per Day For 5 Day(s) others
0006-124513-2071	(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION	NEBULIZING SOLUTION (20S, NEBULES)	5	Take 1ML 4 Time(s) per Day For 5 Day(s) others
0186-127401-0853	(AZITHROMYCIN : 200 MG/5ML) POWDER FOR SUSPENSION	POWDER FOR SUSPENSION (15ML, BOTTLE)	5	Take 1ML 2 Time(s) per Day For 5 Day(s) others
0205-123704-1631	(CETIRIZINE : 10 MG/ML) DROPS (ORAL)	DROPS (ORAL) (10ML, BOTTLE)	7	Take 4Drops 2 Time(s) per Day For 7 Day(s) others

Date: 19-11-23(dd/mm/yy)

Signature and Stamp



Doctor's Name Mohammadmahdi

Physician Code DHA-P-0045407 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: 19-11-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)
NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae

HealthNet