



1.HealthNet Policy Number

1038-000-
118179760-012.
Authorization
Code:

2.Patient Name

JIJESH KAMAL THAYAT BALAGOBALAN

3.Patient Date of Birth & Sex

06-11-81(dd/mm/yy)

☒ Male ☐
Female

Mobile No.0524168085

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:from 23/11/2023 has sore throat and cough and body pin and flu

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis:Acute pharyngitis, unspecified, Fever, unspecified, Acute bronchitis, unspecified ICD Code J02.9, R50.9, J20.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,VENTOLIN NEBULES,nebulization with ventoline solution,(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,IV fluid administration,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.,Intravenous Injection

CPT code0125-122107-1021,0006-124513-
2071,94640,0195-107704-0801,0102-100104-
1001,96360,9,96374

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
0252-107001-1171	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0248-135501-1161	(DEXTROMETHORPHAN : 125 MG/100ML) (DIPHENHYDRAMINE : 100 MG/100ML) (EPHEDRINE : 150 MG/100 ML) (GUAIFENESIN : 10 MG/ML) SYRUP	SYRUP (125ML, BOTTLE)	5	Take 1Syrup 3 Time(s) per Day For 5 Day(s) others
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others

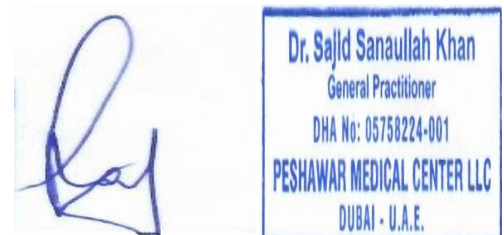
Date: 24-11-23(dd/mm/yy)

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: 24-11-23(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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