



1. HealthNet Policy Number

I038-000-
117640245-012.
Authorization
Code:

2. Patient Name

WASIM MUSHTAQ MUSHTAQ AHMED

3. Patient Date of Birth & Sex

11-08-89(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0522513813

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints: from one month

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Muscle weakness (generalized), Low back pain, Illness, unspecified

ICD Code M62.81, M54.5, R69

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 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., DEXAMETHASONE SODIUM PHOSPHATE, (HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION, Intramuscular injection, (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION

CPT code 9,0125-122107-1022,0005-
136504-1021,96372,0005-149902-1021

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
0707-559701-0971	(ARGININE : 17 MG) (BETACAROTENE : 3.3 MG) (RIBOFLAVINE (VITAMIN B2) : 530 MCG) (TAURINE : 17 MG) (NICOTINAMIDE : 6 MG) (THIAMINE (VITAMIN B1) : 470 MCG) (ASCORBIC ACID (VITAMIN C) : 20 MG) (VITAMIN E : 3.3 MG) (LUTEIN : 5MG) (CHROMIUM (AS CHROMIUM PICOLINATE) : 16.7 MCG) (ZEAXANTHIN : 40 MCG) (SELENIUM YEAST : 18.33 MCG) (ZINC (AS ZINC DIOXIDE) : 4 MG) (MAGNESIUM CITRATE : 3.7 MG) (CALCIUM CITRATE : 5.3 MG) (CRANBERRY : 33.3 MG) SOFT GELATIN CAPSULES	SOFT GELATIN CAPSULES (30S, BLISTER)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

Date: 28-11-23(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: 28-11-23(dd/mm/yy)

Signature of Insured / 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

