



1. HealthNet Policy Number

I038-000-
116828530-012.
Authorization
Code:

2. Patient Name

ISMAIL ATERTOUR

3. Patient Date of Birth & Sex

04-06-89(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0553554310

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

creptitations in chest

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute bronchitis due to other specified organisms, Encounter for screening for depression, Acute recurrent sinusitis, unspecified

ICD Code J20.8, Z13.31, J01.91

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 patient's 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.

CPT code 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
0846-253101-1161	(HEDERA HELIX (IVY) : 7MG/ML) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	Take 1 Tablets 3 Time(s) per Day For 5 Day(s) others
1162-414101-0051	(PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) (CHLORPHENIRAMINE MALEATE : 2 MG) CAPLETS	CAPLETS (24S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
0005-116403-1454	(AMOXICILLIN : 500 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (1000S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
0005-533802-	(ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (28S,	14	Take 1 Tablets 1 Time(s) per Day For 14 Day(s)

Code	Generic	Dosage	Duration	Instructions
1451		BLISTER)		others

Date: 01-12-23(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: 01-12-23(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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