



1.HealthNet Policy Number

I038-000-  
115298194-012.  
Authorization  
Code:

2.Patient Name

Anura De Silva Rajapaksha  
Marathignnanambi

3.Patient Date of Birth &amp; Sex

03-05-69(dd/mm/yy)

 Male   
Female

5.Nature of illness or Injury

Mobile No.0552517233

 Acute  Chronic  Emergency

6.Are You the patient's primary physician

 Yes  No

7.Presenting Complaints:rash on skin all over

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Acute pharyngitis, unspecified, Acute bronchiolitis, unspecified, Allergic contact dermatitis, unspecified cause

ICD Code J02.9, J21.9, L23.9

12.Etiology:

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

14.Plan / Details of Management

a. Procedure: nebulization with ventoline solution, PULMICORT, 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., VENTOLIN NEBULES

CPT code 94640, 0188-135906-  
2441, 9, 0006-124513-2071

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

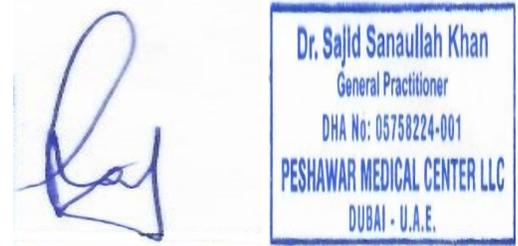
## PRESCRIPTION WITH DOSAGE &amp; DURATION

Code	Generic	Dosage	Duration	Instructions
0016-116802-1161	(SODIUM CITRATE : N/A) (AMMONIUM CHLORIDE : N/A) (MENTHOL : N/A) (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP	SYRUP (125ML, BOTTLE)	7	Take 3ML 1 Time(s) per Day For 7 Day(s) others
0186-127401-0853	(AZITHROMYCIN : 200 MG/5ML) POWDER FOR SUSPENSION	POWDER FOR SUSPENSION (15ML, BOTTLE)	6	Take 1Syrup 1 Time(s) per Day For 6 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
0097-393801-2471	(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE)	7	Take 1Syrup 3 Time(s) per Day For 7 Day(s) others

Date: 05-12-23(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: 05-12-23(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

