

1.HealthNet Policy Number	1038-000- 117931761-01	Author Code:	ization	
2.Patient Name	MERIEM AGOUN	DIS		
3.Patient Date of Birth & Sex	19-10-01(dd/mr	m/yy)	☐ Male <a>✓</a> Female	
	Mobile No.0563224278			
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency			
6.Are You the patient's primary physician	☐ Yes ☐ No			
7.Presenting Complaints:				
22 married woman try to concieve for 4 months				
regular menses 35 days intervals				
8.Duration of Symptoms:				
9.Onset of Condition:				
10.Relevent Past Medical/Surfgical History				
DiagonosisiEncntr for gyn exam (general) (routine) w/o abn findings	ICD Code Z01.419			
12.Etiology:				
13.In case of Injury:mode of Injury/place of Injury				
14.Plan / Details of Management				
a.ProcedureOffice consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded 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 familys needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	CPT code10			

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission:

## Date of Discharge:

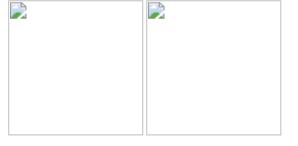
16.

PRESCRIPTION WITH DOSAGE & DURATION						
Code	Generic	Dosage	Duration	Instructions		
1195- 674401- 1171	(BETACAROTENE: 2 MG) (BIOTIN: 45 MCG) (CHROMIUM: 50 MCG) (COPPER: 1 MG) (L-CYSTEINE: 10 MG) (FOLIC ACID: 500 MCG) (IODINE: 200 MCG) (IRON: 12 MG) (MAGNESIUM: 75 MG) (MANGANESE: 0.5 MG) (PANTOTHENIC ACID: 40 MG) (SELENIUM: 100 MCG) (THIAMINE: 8 MG) (CYANOCOBALAMIN: 9 MCG) (RIBOFLAVIN: 4 MG) (PYRIDOXINE: 10 MG) (VITAMIN C: 60 MG) (VITAMIN D: 5 MCG) (VITAMIN E: 40 MG) (ZINC: 15 MG) (GRAPE SEED: 15 MG) (NIACIN: 18 MG) TABLETS	TABLETS (30S, BLISTER)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)		

Date: 09-12-23(dd/mm/yy)

Doctor's Name Dr Atousa Azizkhani

Signature and Stamp



Physician Code DHA-P-26501253 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: 09-12-23(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