| | |
|---|---|
| 1.HealthNet Policy Number | I038-000-115298150-01 2. Authorization Code: |
| 2.Patient Name | SOUKAINA BENRAQQOUCH |
| 3.Patient Date of Birth & Sex | 23-12-92(dd/mm/yy) ☐ Male ☑ Female |
| | Mobile No.0506481603 |
| 5.Nature of illness or Injury | ☐ Acute ☐ Chronic ☐ Emergency |
| 6.Are You the patient's primary physician | ☐ Yes ☐ No |
| 7.Presenting Complaints:chest pain when coughing also started | |
| 8.Duration of Symptoms: | |
| 9.Onset of Condition: | |
| 10.Relevent Past Medical/Surfgical History | |
| Diagonosisi Bronchopneumonia, unspecified organism, Acute maxillary sinusitis, unspecified, Chest pain on breathing, Wheezing | ICD Code J18.0, J01.00, R07.1, R06.2 |
| 12.Etiology: | |
| 13.In case of Injury:mode of Injury/place of Injury | |
| 14.Plan / Details of Management | |
| a.Procedure SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,IV fluid admisitration,Intravenous Injection,nebulization with ventoline solution,PULMICORT,VENTOLIN NEBULES,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 familys needs. Usually, the presenting problem(s) | CPT code0102-100104-1001,0125-122107-1022,0195-107704-0801,0005-149902-1021,0005-111805-1021,96360,96374,94640,0188-135906-2441,0006-124513-2071,9 |

are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

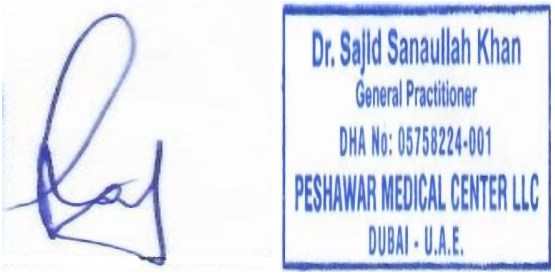
16.

PRESCRIPTION WITH DOSAGE & DURATION

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 0006-402802-1391 | (SALBUTAMOL(AS SULPHATE) : 100 MCG/DOSE) AEROSOL INHALER | AEROSOL INHALER (200 DOSE, METERED DOSE INHALER) | 7 | Take 2Puff 4 Time(s) per Day For 7 Day(s) others |
| 0005-116801-1161 | (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP | SYRUP (120ML, BOTTLE) | 7 | Take 5ML 3 Time(s) per Day For 7 Day(s) others |
| 0252-148701-1172 | (LORATADINE : 10 MG) TABLETS | TABLETS (10S, BLISTER PACK) | 10 | Take 1Tablets 2 Time(s) per Day For 10 Day(s) others |
| 4417-711202-0391 | (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS | FILM COATED TABLETS (24S, BLISTER) | 6 | Take 1Tablets 4 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 |

Date: 11-12-23(dd/mm/yy)

Signature and Stamp




Doctor's Name Sajid Sanaullah

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: 11-12-23(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

HealthNet