



1. HealthNet Policy Number

I038-000-
115298153-012.
Authorization
Code:

2. Patient Name

Zakariae Koudri

3. Patient Date of Birth & Sex

20-04-95(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0544030535

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints: ACUTE SINUSITIS

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Fever, unspecified, Pain in throat, Acute ethmoidal sinusitis, unspecified,
Acute nasopharyngitis [common cold], Streptococcal pharyngitis

ICD Code R50.9, R07.0, J01.20, J00, J02.0

12. Etiology:

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

14. Plan / Details of Management

a. Procedure Blood Count Complete Auto & Auto Diffrntl Wbc Count, C-Reactive Protein High Sensitivity, Sedimentation Rate Rbc Automated, (CEFTRIAXONE (AS SODIUM) : 0.5 G) POWDER FOR INJECTION, (DEXTROSE : 100 MG/ML) (SODIUM CHLORIDE : 2.25 MG/ML) SOLUTION FOR INFUSION, (DICLOFENAC SODIUM : 75 MG/3ML) INJECTION, CHLORHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION, Administered intravenously, 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.

CPT code 85025, 86141, 85652, 0195-107705-
1361, 0442-100133-1004, 0252-149902-
0511, 0005-111805-1021, 96365, 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

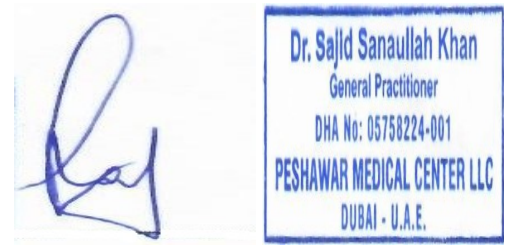
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0252-127402-1451	(AZITHROMYCIN : 250 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, GLASS BOTTLE)	6	Take 1 Tablets 2 Time(s) per Day For 6 Day(s) others
0788-106705-1171	(CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	10	Take 1 Tablets 3 Time(s) per Day For 10 Day(s) others
1144-253101-1162	(HEDERA HELIX (IVY) : 7MG/ML) SYRUP	SYRUP (200ML, GLASS BOTTLE)	8	Take 8ML 3 Time(s) per Day For 8 Day(s) others

Date: 24-12-23(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: 24-12-23(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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