1.HealthNet Policy Number I038-000-117559457-01 2. Authorization Code:

2.Patient Name SARAN SATHEESH KUMAR SATHEESH KUMAR CHIRACKAL BHASKARAN ACHARY

3.Patient Date of Birth & Sex 17-02-99(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0525513810

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:big furuncle in nose with pain and infla,ation and readness

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAbscess, furuncle and carbuncle of nose, Nasal mucositis (ulcerative), Deviated nasal septum, Fever presenting with conditions classified elsewhere ICD Code J34.0, J34.81, J34.2, R50.81

12.Etiology:

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

14.Plan / Details of Management

a.Procedure9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000), (CEFTRIAXONE (AS SODIUM) : 2 G) POWDER FOR INJECTION,CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION, (BETAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,IV fluid admisitration,Intramuscular injection,Administered intravenously CPT code,1141-107708-0801,0005-111805-1021,2400-131404-1021,0002-100104-1001,96360,96372,96365

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

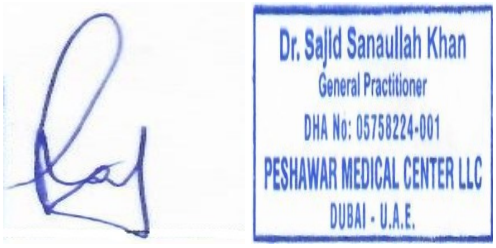
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 27-12-23(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: 27-12-23(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