



1.HealthNet Policy Number

I038-000-
118599628-012.
Authorization
Code:

2.Patient Name

AIVIE PEREZ BERNARDINO

3.Patient Date of Birth & Sex

01-07-98(dd/mm/yy)

☐ Male ☒ Female

Mobile No.0554792182

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

c/o pain in left side of chest associated with respiration she feels pain only when she inhales or exhales since 2 days

started after workout and miscellaneous body aches in legs and back

on examination chest clear,throat clear

no difficulty in breathing

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

DiagnosisChest pain, unspecified, Unsp symptoms and signs involving the musculoskeletal system

ICD Code R07.9, R29.91

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: 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 code9

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
0027-378802-0433	(DICLOFENAC SODIUM (AS DIETHYLAMINE) : 10 MG/G) GEL	GEL (75G, DISPENSER)	7	Take 1Gel 2 Time(s) per Day For 7 Day(s) others
0717-226501-2401	(EPERISONE : 50 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0005-252201-0391	(CAFFEINE : 65 MG) (IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) others

Date: 19-01-24(dd/mm/yy)

Doctor's Name Sajid Sanauallah

Signature and Stamp

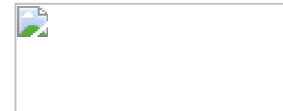



Physician Code DHA-P-5758224 HNM Code

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: 19-01-24(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

