



1. HealthNet Policy Number 2. Patient Name 3. Patient Date of Birth & Sex 5. Nature of illness or Injury 6. Are You the patient's primary physician 7. Presenting Complaints: C/o: Chest pain. Also pain at the upper back and both shoulders. Said to have resumed gym sessions after a prolonged period of absence from workouts. Also has binge drinking the day before the onset of the pain. 8. Duration of Symptoms: 9. Onset of Condition: 10. Relevant Past Medical/Surgical History Diagnosis: Chest pain, unspecified, Acute pharyngitis, unspecified, Acute nasopharyngitis [common cold] 12. Etiology: 13. In case of Injury: mode of Injury/place of Injury 14. Plan / Details of Management a. Procedure: External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection), 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 patient's and/or family's 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. b. Laboratory Test: c. Radiology / Investigations: 15. In Case of Hospitalization: Date of Admission:	2. Authorization Code: ADITYA NIGAM RAJESH 03-12-00 (dd/mm/yy) ☒ Male ☐ Female Mobile No. 0523767621 ☐ Acute ☐ Chronic ☐ Emergency ☐ Yes ☐ No ICD Code R07.9, J02.9, J00 CPT code 93225, 9 Date of Discharge:
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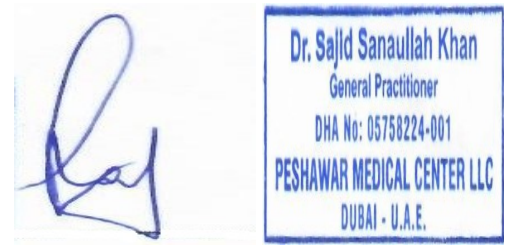
16. PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
5253-649501-3851	(MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY	NASAL SPRAY (120 DOSE, PUMP SPRAY)	7	Take 1 Spray 2 Time(s) per Day For 7 Day(s) others
0027-265802-1161	(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	7	Take 10ML 3 Time(s) per Day For 7 Day(s) others
0027-142201-0831	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	5	Take 1 sachet 3 Time(s) per Day For 5 Day(s) after meal

Date: 03-02-24(dd/mm/yy)

Doctor's Name Sajid Sanaullah

Signature and Stamp



Physician Code DHA-P-5758224 HNM Code

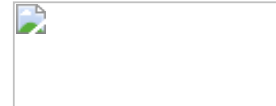
Authorization

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: 03-02-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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