

1.HealthNet Policy Number	1038-000- 120093446-01	2. Autho	orization
2.Patient Name	HAMID MAHMOOD)	
3.Patient Date of Birth & Sex	15-12-90(dd/mm/	/yy)	✓ Male ☐ Femal
	Mobile No.05092	96530	
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency		
6.Are You the patient's primary physician	☐ Yes ☐ No		
7.Presenting Complaints:			
c/o severe cough associated with phlegm			
f/u ,all complaints resolved except cough and chest congestion			
on examination pt has chest congestion with mild wheezing			
8.Duration of Symptoms:			
9.Onset of Condition:			
10.Relevent Past Medical/Surfgical History			
DiagonosisiAcute bronchospasm, Wheezing, Oth symptoms and signs involving the circ and resp systems	ICD Code J98.01, I	R06.2, R09	.89
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), (DEXAMETHASONE: 4 MG/ML) SOLUTION FOR INJECTION, CHLOROHISTOL 10MG- (CHLORPHENIRAMINE MALEATE: 10 MG/ML) SOLUTION FOR INJECTION, Intramuscular injection, PULMICORT-(BUDESONIDE: 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, nebulization with ventoline solution	CPT code9.01,012 1021,96372,0188-1		•
b.Laboratiry Test:			
c.Radiology / Investigations:			

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15.lr	15.In Case of Hospitalization: Date of Addmission:		Date of					
16.		PRESCRIPTION WITH DOSAGE & DURATION						
	Code	Generic	Dosage	Duration	Instructions			
	0219- 395404- 0081	(MONTELUKAST (AS SODIUM) : 10 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) after meal			
	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 10ML SYRUP 1 Time(s) per Day For 7 Day(s) after meal			
	0195- 123701- 0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) after meal			
	0009- 127405- 0391	(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER PACK)	7	Take 1Tablets 1Time(s) perDay For 7 Day(s) after meal			

Date: 06-02-24(dd/mm/yy)

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

06-02-24(dd/mm/yy) Signature of Insued / Claimint Date:

Copy of NGI - Pharmacy

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



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