



1.HealthNet Policy Number

I038-000-
117669244-012.
Authorization
Code:

2.Patient Name

UZAIR AHMED RAJA AFTAB RAZA

3.Patient Date of Birth & Sex

23-09-01(dd/mm/yy)

☒ Male ☐
Female

Mobile No.0561857571

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 RIGHT FOOT AFTER GETTING HIT BY DOOR

ON EXAMINATION THERE IS VISIBLE SCRATCH AND ERYTHEMA

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Local infection of the skin and subcutaneous tissue, unsp, Pain in right foot

ICD Code L08.9, M79.671

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, Intramuscular injection, 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 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.

CPT code 0005-149902-1022, 0125-
122107-1022, 96372, 9

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

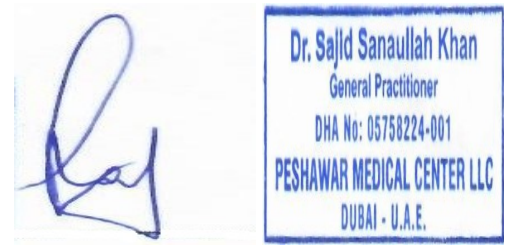
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0027-378802-0433	(DICLOFENAC SODIUM (AS DIETHYLAMINE) : 10 MG/G) GEL	GEL (75G, DISPENSER)	5	Take 1Gel 2 Time(s) per Day For 5 Day(s) after meal
0005-252201-0391	(CAFFEINE : 65 MG) (IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	5	Take 1 Unit(s), 2 Time(s) per Day For 5 Day(s)

Date: 16-02-24(dd/mm/yy)

Doctor's Name Sajid Sanaullah

Signature and Stamp



Physician Code DHA-P-5758224 HNM Code

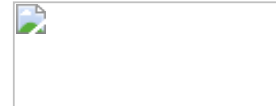
Authorization

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: 16-02-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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