



1. HealthNet Policy Number	I038-000-117554685-01	2. Authorization Code:
2. Patient Name	PANKAJ KUMAR PRAKASH CHAND	
3. Patient Date of Birth & Sex	23-05-93(dd/mm/yy)	☒ Male ☐ Female
	Mobile No.0581519851	
5. Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency	
6. Are You the patient's primary physician	☐ Yes ☐ No	
7. Presenting Complaints:		
C/o: Nausea and vomiting post prandial.		
Had a fainting episode yesterday for which an ambulance was called, ECG and examination done were said to be normal, hence he was taken home.		
Hands and feet now feels numb upon waking up.		
Also has dry cough and body pains.		
Had fever 2 days ago and yesterday prior to blacking out.		
8. Duration of Symptoms:		
9. Onset of Condition:		
10. Relevant Past Medical/Surgical History		
Diagnosis: Acute tonsillitis due to other specified organisms, Acute pharyngitis, unspecified, Fever presenting with conditions classified ICD Code J03.80, J02.9, R50.81, R05, K29.00, R11.10, E86.0 elsewhere, Cough, Acute gastritis without bleeding, Vomiting, unspecified, Dehydration		
12. Etiology:		
13. In case of Injury: mode of Injury/place of Injury		
14. Plan / Details of Management		
a. Procedure: 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		
	CPT code 9,96365,0005-242802-0781,0005-150403-1021,0195-107704-0801,0125-122107-1022,96375	

problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.,Administered intravenously,PANTONIX 40MG I.V.,PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,CEFTRIAXONE-TABUK IV,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,theraputicherapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) - (AED 11.0000)

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization:

Date of Discharge:

Date of Admission:

16.

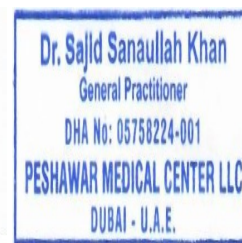
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0265-150407-1171	(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) before meal
1267-141604-0082	(ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (40S, BLISTER PACK)	5	Take 1Tablets 4Time(s) perDay For 5 Day(s) morning
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0137-242801-0342	(PANTOPRAZOLE (AS SODIUM) : 20 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (30S, BLISTER)	15	Take 1Tablets 2 Time(s) per Day For 15 Day(s) before meal
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal

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

Signature of Insured / Claimant

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

