



1.HealthNet Policy Number

I038-000-
118179996-012.
Authorization
Code:

2.Patient Name

RAYMOND KAYIZZI

3.Patient Date of Birth & Sex

04-04-97(dd/mm/yy)

☒ Male ☐
Female

Mobile No.0586898028

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

Redness on both eyes, associated with pain and gritty sensation.

Started 3days prior to presentation.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Other conjunctivitis, Other mucopurulent conjunctivitis, bilateral

ICD Code H10.89, H10.023

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 problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

CPT code: 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
2027-560101-0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	3	Take 1Tablets 3 Time(s) per Day For 3 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1Time(s) perDay For 10 Day(s) after meal
6894-822002-1681	(DEXAMETHASONE SODIUM PHOSPHATE : 1MG/ML) (GENTAMICIN SULPHATE : 3 MG/ML) EYE / EAR DROPS	EYE / EAR DROPS (10ML, BOTTLE)	7	Take 2Drops 3 Time(s) per Day For 7 Day(s) others

Date: 25-02-24(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: 25-02-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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