



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:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

12.Etiology:

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

14.Plan / Details of Management

15.In Case of Hospitalization: Date of Admission:

16.

2. Authorization Code:

16-09-97(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0544710556

☐ Acute ☐ Chronic ☐ Emergency

☐ Yes ☐ No

ICD Code M19.031, M25.531

CPT code9

Date of Discharge:

1038-000-118180002-01

WAQAR AHMAD BUTT SHOAIB AHMAD BUTT

Recurrent pain on the right wrist.

He is a chef with repeat wrist movement while prepping meals.

Has a similar history in the left wrist about 6months ago for which he was given analgesic and steroids which he claimed worked perfectly.

There is no history of trauma.

DiagnosisPrimary osteoarthritis, right wrist, Pain in right wrist

a.ProcedureOffice 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 families 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:

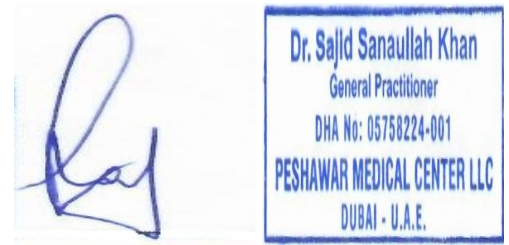
Code	Generic	Dosage	Duration	Instructions
0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	10	Take 2 tablets (10mg) daily for the first 5days, then take 1 tablet (5mg) daily for another 5days and finally take half (2.5mg) tablet for another 5days.
2093-596002-0432	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	10	Take 1Gel 2 Time(s) per Day For 10 Day(s) after meal
0027-149904-0341	(DICLOFENAC SODIUM : 50 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal

Date: 26-02-24(dd/mm/yy)

Doctor's Name Sajid Sanaullah

Signature and Stamp

Physician Code DHA-P-5758224 HNM Code

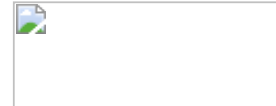
**Authorization**

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: 26-02-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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