



1.HealthNet Policy Number	2. I038-000-117559454-01 Authorization Code:
2.Patient Name	MD EMRAN MIA ESHAD MIA
3.Patient Date of Birth & Sex	01-02-88(dd/mm/yy) ☒ Male ☐ Female
5.Nature of illness or Injury	Mobile No.9715526556258
6.Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency
7.Presenting Complaints:	☐ Yes ☐ No
C/o: Cough since the past 3 days productive of clear sputum, ALso pain in throat and fever.	
8.Duration of Symptoms:	
9.Onset of Condition:	
10.Relevent Past Medical/Surfgical History	
DiagonosisiAcute upper respiratory infection, unspecified, Cough, Pain in throat, Sneezing, Fever, unspecified	ICD Code J06.9, R05, R07.0, R06.7, R50.9
12.Etiology:	
13.In case of Injury:mode of Injury/place of Injury	
14.Plan / Details of Management	
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 familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15	
	CPT code9

minutes face-to-face with the patient and/or family.

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
0097-127405-0391	(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) others
4874-125821-3801	(POVIDONE IODINE : 0.45%) SPRAY SOLUTION	SPRAY SOLUTION (50ML, BOTTLE)	6	Take 1Spray 4 Time(s) per Day For 6 Day(s) others
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
1516-107902-1171	(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0005-116801-2481	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, GLASS BOTTLE)	7	Take 10ML 3 Time(s) per Day For 7 Day(s) others

Date: 28-02-24(dd/mm/yy)

Doctor's Name Sajid Sanaulлах

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: 28-02-24(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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