



1.HealthNet Policy Number

I038-000-  
120542564-012.  
Authorization  
Code:

2.Patient Name

DIPAK RAI

3.Patient Date of Birth &amp; Sex

03-12-23(dd/mm/yy)

☒ Male ☐  
Female

Mobile No.0559496159

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

TRAUMA TO LEFT HAND FROM SHARP KNIFE

ON ASSESMENT PATIENT HAS DEEP LACERATION ,APPROXIMATELY 3CM IN DEPTH AND 5CM IN WIDTH ,WOUND MARGINS ARE CLEAR

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

DiagnosisUnspecified superficial injury of left hand, init encntr, Pain in left hand, Local infection of the skin and subcutaneous tissue, unsp

ICD Code S60.922A, M79.642, L08.9

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

CPT code9

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

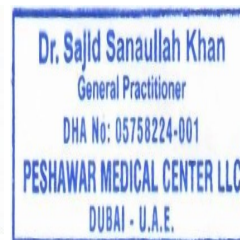
## PRESCRIPTION WITH DOSAGE &amp; DURATION

| Code             | Generic                                                     | Dosage                                  | Duration | Instructions                                          |
|------------------|-------------------------------------------------------------|-----------------------------------------|----------|-------------------------------------------------------|
| 0281-128401-0151 | (FUSIDIC ACID : 2%) CREAM                                   | CREAM (15G, COLLAPSIBLE TUBE)           | 5        | Take 1Cream 3 Time(s) per Day For 5 Day(s) others     |
| 0005-252201-0391 | (CAFFEINE : 65 MG) (IBUPROFEN : 400 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, BLISTER PACK) | 7        | Take 1Tablets 1Time(s) perDay For 7 Day(s) after meal |
| 0139-116207-1171 | (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS   | TABLETS (20S, BLISTER PACK)             | 3        | Take 1Tablets 3 Time(s) per Day For 3 Day(s) others   |

Date: 06-03-24(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: 06-03-24(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

