



1.HealthNet Policy Number

I038-000-
120415703-012. Authorization
Code:

2.Patient Name

Farrukh Liaqat Liaqat Hussain

3.Patient Date of Birth & Sex

14-04-80(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0529442504

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

C/o: Fever since this morning and vomiting.

and nausea.

Also has upper abdominal pain.

not hypertensive and not diabetic.

has no other previous medical condition.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Acute gastritis without bleeding, Epigastric pain, Vomiting, unspecified, Fever, unspecified, Helicobacter pylori as the cause of diseases classified elsewhere

ICD Code K29.00, R10.13, R11.10, R50.9, B96.81

12.Etiology:

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

14.Plan / Details of Management

a.Procedure: PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, PANTONIX 40MG I.V., SCOPINAL, CEFTRIAXONE-TABUK IV, Administered intravenously, Glucose Blood Reagent Strip, Blood Count Complete Auto&Auto Differential Wbc Count, C-Reactive Protein, Urinal Dip Stick/Tablet Reagent Auto Microscopy, 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 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., GLUCOSE

CPT code 2190-106618-1001, 0005-242802-0781, 0005-136504-1021, 0195-107704-0801, 96365, 82948, 85025, 86140, 81001, 9, 82947

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

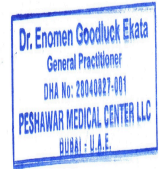
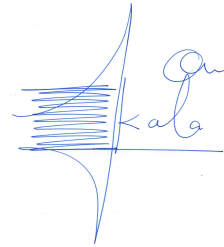
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0265-150407-1171	(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) after meal
0188-232401-0392	(ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	14	Take 1 Tablets 2 Time(s) per Day For 14 Day(s) after meal
0152-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) after meal
0320-103201-0391	(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) after meal

Date: 31-03-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



Physician Code DHA-P-28040827 HNM Code

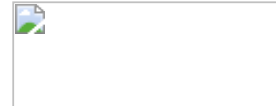
Authorization

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: 31-03-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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