



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:

Pain in throat, headache and weakness.

Also occasional fever.

There is no cough.

Symptoms since yesterday.

Complaining of dry throat and recurrent multiple episodes of vitamin D.

RBS = 90mg/dl

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

DiagnosisAcute nasopharyngitis [common cold], Acute tonsillitis, unspecified, Fever, unspecified, Vitamin D deficiency, unspecified

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Diffrntl Wbc Count,C-Reactive Protein,GLUCOSE,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 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.

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

16.

2.Authorization Code:

IHSSANE GARAA

23-06-90(dd/mm/yy)

☐ Male

☒ Female

Mobile No.0566582634

☐ Acute

☐ Chronic

☐ Emergency

☐ Yes

☐ No

ICD Code J00, J03.90, R50.9, E55.9

Date of Discharge:

PRESCRIPTION WITH DOSAGE & DURATION

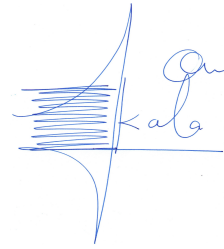
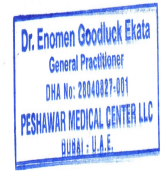
Code	Generic	Dosage	Duration	Instructions
1343-383501-0581	(BENZOCAINE : 6 MG) (MENTHOL : 10 MG) LOZENGES	LOZENGES (18S, BLISTER PACK)	5	Take 1Tablets 4 Time(s) per Day For 5 Day(s) others
5363-393801-1161	(DIPHENHYDRAMINE HCL : 13.5 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) SYRUP	SYRUP (120ML, BOTTLE)	7	Take 10ML 3 Time(s) per Day For 7 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) after meal

Code	Generic	Dosage	Duration	Instructions
2027-560101-0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
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

Date: 05-04-24(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: 05-04-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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