



1. HealthNet Policy Number

I038-000-  
115298224-012.  
Authorization  
Code:

2. Patient Name

ABDELAZIZ ATERTOUR

3. Patient Date of Birth &amp; Sex

01-01-84(dd/mm/yy)

☒ Male ☐  
Female

Mobile No. 5557197534000000

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

Tiredness, weakness and Upper abdominal pain.

Was recently managed for kidney stone in NMC 3 days ago for which he is taking medications including diclofenac.

NSAID induced gastritis suspected.

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute gastritis without bleeding, Epigastric pain

ICD Code K29.00, R10.13

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: 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 patient's 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.

CPT code 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

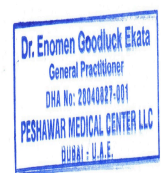
## PRESCRIPTION WITH DOSAGE &amp; DURATION

| Code             | Generic                                    | Dosage                                  | Duration | Instructions                                                |
|------------------|--------------------------------------------|-----------------------------------------|----------|-------------------------------------------------------------|
| 0188-232401-0392 | (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS | FILM COATED TABLETS (28S, BLISTER PACK) | 7        | Take 1 Tablet(s) 2 Time(s) per Day For 7 Day(s) before meal |

Date: 11-04-24(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: 11-04-24(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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