



1.HealthNet Policy Number

I038-000-
115298086-012.
Authorization
Code:

2.Patient Name

MA JOSEPHINE REFUNDO AUSTRIA

3.Patient Date of Birth & Sex

18-10-78(dd/mm/yy)

☐ Male ☒ Female

5.Nature of illness or Injury

Mobile No.0502821996

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

Pain in the left ear especially on touching the external ear.

There is no fever but has headache.

Known hypertensive.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Other otitis externa, left ear, Otagia, left ear, Essential (primary) hypertension, Hyperlipidemia, unspecified, Unspecified acute lower respiratory infection

ICD Code H60.8X2, H92.02, I10, E78.5, J22

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 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.

CPT code 9

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

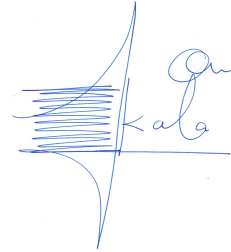
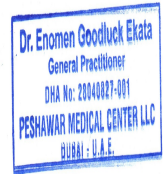
Code	Generic	Dosage	Duration	Instructions
1724-386002-0391	(ATORVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)
2138-151103-0391	(VALSARTAN : 80 MG) (HYDROCHLOROTHIAZIDE : 12.5 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
0135-223401-1171	(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	3	Take 1Tablets 3 Time(s) per Day For 3 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0219-142902-1452	(CEFIXIME : 400 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	7	Take 1Tablets 1Time(s) perDay For 7 Day(s) after meal
6894-822002-1681	(DEXAMETHASONE SODIUM PHOSPHATE : 1MG/ML) (GENTAMICIN SULPHATE : 3 MG/ML) EYE / EAR DROPS	EYE / EAR DROPS (10ML, BOTTLE)	5	Take 2Drops 4 Time(s) per Day For 5 Day(s) others

Date: 24-04-24(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: 24-04-24(dd/mm/yy) Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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