



1.HealthNet Policy Number

I038-000-
120510377-012.
Authorization
Code:

2.Patient Name

DILEEP MIGARA WANNIYA BANDARAGE

3.Patient Date of Birth & Sex

09-12-97(dd/mm/yy)

☒ Male ☐
Female

Mobile No.55 997 7853

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

co throat pai and headache bodypain from 1 day enlarge tonsils

chest is clear noadded sounds throat is infacted vitals are stable

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surfghical History

DiagonosisiAcute tonsillitis, unspecified, Acute pharyngitis, unspecified, Pain, unspecified ICD Code J03.90, J02.9, R52

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.,(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,C-Reactive Protein,Blood Count Complete Auto&Auto Difrntl Wbc Count,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Sedimentation Rate Rbc Automated,Administered intravenously,Intramuscular injection

b.Laboratiry Test:

c.Radiology / Investigations:

CPT code9,0005-107704-
0801,86140,85025,0005-149902-
1021,85652,96365,96372

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others

Date: 25-04-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp

Physician Code DHA-P-54155530 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: 25-04-24(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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