



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:

I038-000-115298246-01

2. Authorization Code:
GLENN MARK RIVERA TABAY

16-07-89(dd/mm/yy)
☒ Male ☐ Female

Mobile No.0545109007

☐ Acute ☐ Chronic ☐ Emergency

☐ Yes ☐ No

co itching all over the body skin rash all over the body 6th august 2024

oe

chest is clear no added sounds

restless

alcoholic smoker

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiPruritus, unspecified, Mycosis fungoides, unspecified site, Liver disease, unspecified

12.Etiology:

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

14.Plan / Details of Management

ICD Code L29.9, C84.00, K76.9

CPT code0005-111805-1021,96372,80076,9

a.ProcedureCHLOROHISTOL 10MG,Intramuscular injection,Hepatic Function Panel,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 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.

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

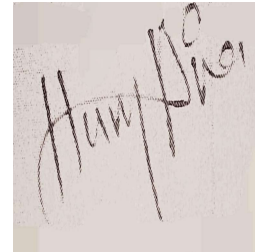
PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions
0252-140201-0061	(FLUCONAZOLE : 150 MG) CAPSULES	CAPSULES (1S, BLISTER PACK)	5	Take 1Capsule 1 Time(s) per Day For 5 Day(s) others
0027-109206-	(TERBINAFINE (AS HCL) : 1%)	CREAM (15G, TUBE)	1	Take 1Cream 1Time(s) perDay For

Code	Generic	Dosage	Duration	Instructions
0151	CREAM			1 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others

Date: 09-08-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 09-08-24(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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