



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:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

12.Etiology:

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

14.Plan / Details of Management

15.In Case of Hospitalization: Date of Admission:

I038-000-115298160-01

2. Authorization Code:

DENZIL MANUEL DSOUZA

07-12-86(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0585871286

☐ Acute ☐ Chronic ☐ Emergency

☐ Yes ☐ No

cough with sputum,flu,nasal obstruction,headache,bodyache.

o/e chest congestion,throat is clear.

Diagnosis:Acute upper respiratory infection, unspecified, Cough, Pain, unspecified

ICD Code J06.9, R05, R52

a.ProcedureCLOFEN ,Intramuscular injection,CEFTRIAXONE-TABUK
IV,DEXAMETHASONE SODIUM PHOSPHATE,Administered intravenously,Blood Count
Automated Differential Wbc Count,C-Reactive Protein,PULMICORT,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:

CPT code0005-149902-1021,96372,0195-107704-0801,0125-122107-1022,96365,85004,86140,0188-135906-2441,9

Date of Discharge:

16.

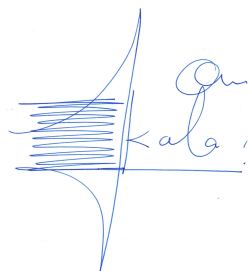
PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions
0321-100604-1171	(VITAMIN B12 : 200 MCG) (THIAMINE (VITAMIN B1) : 100 MG) (PYRIDOXINE (VITAMIN B6) : 200 MG) TABLETS	TABLETS (20S, BLISTER PACK)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
0013-274302-0392	(LEVOFLOXACIN (AS HEMIHYDRATE : 250 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0006-106601-0393	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	7	Take 1Tablets 3 Time(s) per Day For 7 Day(s) others
0097-395404-0391	(MONTELUKAST (AS SODIUM : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) evening
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 1Time(s) perDay For 7 Day(s) evening

Code	Generic	Dosage	Duration	Instructions
1516-446701-1161	(SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE HCL : 13.5 MG/5ML SYRUP	SYRUP (120ML, BOTTLE	7	Take 1Syrup 3 Time(s) per Day For 7 Day(s) others

Date: 08-02-25(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



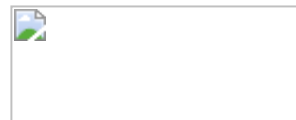
Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 08-02-25(dd/mm/yy) Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae

