



1. HealthNet Policy Number

I038-000-

118180006-01

2. Authorization

Code:

2. Patient Name

ABDULRAHMAN MUSA BALA

3. Patient Date of Birth & Sex

20-07-89(dd/mm/yy)

☒ Male ☐ Female

Mobile No. 0582130863

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

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

ICD Code J06.9, R05, R50.9, E86.0, R52

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: 9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000), nebulization with ventoline solution, Administered intravenously, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, CEFTRIAXONE-TABUK IV, Intramuscular injection

CPT code: 9.01, 94640, 96365, 2190-106618-1001, 0125-122107-1022, 0195-107704-0801, 96372

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
No Prescriptions History Found				

Date: 21-03-25(dd/mm/yy)

Doctor's Name AISHA

Signature and Stamp

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Physician Code DHA-P-40131439 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: 21-03-25(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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