



1. HealthNet Policy Number

I038-000-

115298230-01

2. Authorization

Code:

2. Patient Name

Waqar Ahmad Manzoor Ahmad

3. Patient Date of Birth & Sex

05-08-93(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0588210257

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

CO h/f migrane headache 1 day pain in epigastric region

oe chest is clear no added sound

restless

smoker

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute gastritis without bleeding, Migraine w/o aura, not intractable, with status migrainosus, Epigastric pain

ICD Code K29.00, G43.001, R10.13

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: I had Eia Hpylori Stool, GP repeat visit for OP Consultation refers to week 2, 3 & 4 from the date of initial consultation for same illness in OPD., PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION, SCOPINAL, CEFTRIAXONE-TABUK IV, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION, Administered intravenously, Intramuscular injection

CPT code 87338, 9.02, 0005-242802-0781, 0005-136504-1021, 0195-107704-0801, 0102-152902-1001, 96365, 96372

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

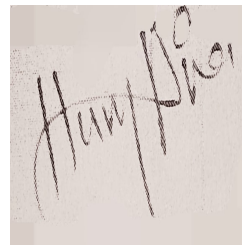
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
6445-533801-1561	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER	14	Take 1 Tablets 2 Time(s) per Day For 14 Day(s) others
0195-148602-0391	(CLARITHROMYCIN : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK	7	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) others
0195-116604-0391	(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7	Take 1 Tablets 2 Time(s) per Day For 7 Day(s) others
1267-141604-0082	(ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (40S, BLISTER PACK)	14	Take 1 Tablets 3 Time(s) per Day For 14 Day(s) others

Date: 19-11-24(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

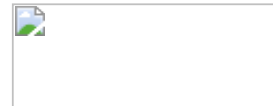
Authorization

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: 19-11-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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