



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

Diagnosis: Acute pharyngitis, unspecified, Elevated blood-pressure reading, w/o diagnosis of htn, Fever, unspecified, Nasal congestion

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: CEFTRIAXONE-TABUK IV, Administered intravenously, PULMICORT, Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner, nebulization with ventoline solution

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

I038-000-

115235360-01

2. Authorization

Code:

AKHTAR NAWAZ HAIDER KHAN

01-01-95(dd/mm/yy)

☒ Male ☐ Female

Mobile No. 561437467

☐ Acute ☐ Chronic ☐ Emergency

☐ Yes ☐ No

ICD Code J02.9, R03.0, R50.9, R09.81

CPT code 0195-107704-0801, 96365, 0188-135906-2441, 9.1, 94640

Date of Discharge:

16.

PREScription WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 06-02-25(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

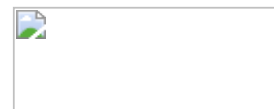
Authorization

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: 06-02-25(dd/mm/yy)

Signature of Insured / Claimant



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

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