NGI

TO BE FILLED BY THE MEDICAL PRACTITIONER

1. HealthNet Policy Number: Mohamed Faraj — 2. Authorization Code:
3. Patient Name:
4. Patient Date of Birth & Sex: 13-11-1977 (dd/mm/yy) ☑ Male ☐ Female
   Mobile No.:
5. Nature of illness or Injury: ☐ Acute ☐ Chronic ☐ Emergency
6. Are you the patient's primary physician? Yes ☑ No ☐
7. Presenting Complaints: Headache DIZZINESS
8. Duration of Symptoms: 1 DAY
9. Onset of Condition: Ate lot of foods sweets
10. Relevant Past Medical / Surgical History: Appendectomy 2010 Hemorrhoidectomy 2016
11. Diagnosis: URTI — ICD code:
12. Etiology: DAD - DM
13. In case of injury: mode of injury/place of injury:
14. Plan / Details of Management:
    a. Procedure: — CPT Code:
    b. Laboratory Test: CBC Electrolyte TSH Lipid Profile
    c. Radiology / Investigations:
15. In case of Hospitalization: Date of Admission: ../../.. (Day Month Year) Date of Discharge: ../../.. (Day Month Year)
16. **PRESCRIPTION WITH DOSAGE & DURATION**

Lysix 10mg OD

PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.
DHA No: 0575822-001
Dr. Sajid Samiullah Khan
General Practitioner

Date (dd/mm/yy)
Doctor's Name
Physician Code — HNM Code
Signature & Stamp

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 telefax copy of this authorization shall be considered effective any valid as the original

Date (dd/mm/yy) — **Signature of Insured / Claimant**

Copy of NGI - Pharmacy

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