

Electronic Prescription Reference

* _ This document can't be used for dispensing inside the emirate of Dubai.

* _ This document can be used for dispensing outside the emirate of Dubai with the proper stamps and signatures.

Details

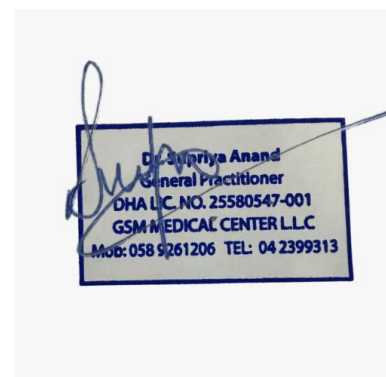
ID:	Reference Number	Prescription Date:	Plan:	Member ID:	Clinician ID:
DHA-F-0000802-TPA004-20230524113352	92262681	24/05/2023	NATIONAL GENERAL INSURANCE COMPANY/NAS Administration Services Limited	EC9R-21CC-DCD1-2DEA	DHA-P-25580547
Denial:		Comments:			

Diagnoses:

Type	Diagnosis
Principal	K21.9 - Gastro-esophageal reflux disease without esophagitis
Secondary	R52 - Pain, unspecified
Showing 1 to 2 of 2 entries	

Drugs:

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14566729	0137-242802-0342 - PANTOLOC 40MG, 30'S, 40 MG, ENTERIC COATED TABLETS, SAUDI ARABIAN JAPANESE PHARMACEUTICAL CO. LTD (SAJA)	Posted	-	90	90.00	0.00	0.00	Take 1 TABLET(s), 1 Time(s) per Day For 90 Day(s), 1 hour before breakfast.	ORAL	0
14566730	0042-136501-1173 - BUSCOPAN, 20'S, 10 MG, TABLETS, BOEHRINGER INGELHEIM PHARMA	Posted	-	7	21.00	0.00	0.00	Take 1 TABLET(s), 3 Time(s) per Day For 7 Day(s).	ORAL	0
Total:						0.00	0.00			
Showing 1 to 2 of 2 entries										





مركز المثالي التشخيصي

IDEAL DIAGNOSTIC CENTRE

"Ideally dedicated to precise diagnosis"

☐ URGENT

Date 24 / 05 / 2023

Patient Information

Name: Ronielyn Cimene			
<input type="radio"/> Male <input checked="" type="radio"/> Female	Date of birth: 29 / 06 / 1983	Mobile number: 058 88 08410	Country: Phillipine
Payment	<input type="radio"/> Cash <input type="radio"/> Insurance <input type="radio"/> Corporate	Last menstrual period / /	

Investigation Required		
<input type="radio"/> MRI	<input type="radio"/> 4D Ultrasound	<input type="radio"/> OPG
<input type="radio"/> Echocardiography	<input type="radio"/> Colour Doppler	<input type="radio"/> CEPH
<input type="radio"/> Computed Tomography	<input type="radio"/> Mammography	<input type="radio"/> CBCT
<input checked="" type="radio"/> Digital X-Ray - Abdomen	<input type="radio"/> Mammography + US	
<input type="radio"/> Ultrasound		

Brief Clinical History

Epigastric pain on/off since 3-4 weeks w/nausea.
Pain radiating to back. ~~and~~

Referring doctor Information

Dr. Supriya Anand

Name: Dr. Supriya Anand	Clinic / hospital: General Practitioner
Tel: 0563902260 Fax:	Signature & stamp: HAJIC NO 25580547-001
	Signature & stamp: IDEAL MEDICAL CENTER L.L.C
	Signature & stamp: 26/2006 TEL 04 2399313

Insurance Documents Required

*Insurance Card

*Original Claim Form with doctor's signature and stamp

*Supporting Documents i.e. Medical Report, Previous Reports etc.

Tel: +971 4 397 9255, 054 704 9109, The Business Centre building, First floor (Office # 105)
Near Burjuman Metro station (Exit # 4) (Mashreq bank / Amer Centre Building -
Opposite to Burjuman Centre) Post box: 113951, Bur Dubai-UAE
Email: ldcinsure@gmail.com www.ideal diagnostics.ae

*For the location map please turn over - Free parking provided