



PRIOR-AUTHORIZATION DENTAL REQUEST FORM

شركة أبوظبي الوطنية للتأمين
ABU DHABI NATIONAL INSURANCE COMPANY

MR032762

Member's name (as Written on Card) Baby Zayed Ghaleb Salem Ghaleb Almahri
ADNIC Card ID Number 11364-232-I
Patient's Mobile No. (Mandatory) +971508149113
Providers Name / Code OXYGEN MEDICAL CENTRE /15572
To Branch (Name) : AJMAN
Fax to be sent :
Date of Birth: 23-11-2018

Insurance Card Photocopy

CHARTING SYSTEM Please encircle tooth no. to be treated	EXAMINATION AND TREATMENT RECORD Caries penetrate into pulp #S				
	UNIVERSAL TOOTH NO. SYSTEM MANDATORY				
	Diagnosis or ICD9	Canadian Code	Description of Service	Tooth No.	Cost Estimate
	K02.63	D3220	pulpotomy	#5	227.
		D2393	CF (max)	#5	268
		D2930	SSC	#5	296
		D0220	X Ray	#5	44
Total Amount:					

Document Attached In Number:

Service Date: 20-03-2024

Doctor / Signature / Stamp:

شوكت الزكي

Member Signature

1/1

Kindly Send Your Request to Fax No: 02 -4080642

For Queries Please Call the Toll free No: 8008040

