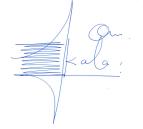


3. Patient Date of Birth & Sex 15-08-84(dd/mm/yy)	1.HealthNet Policy Number				1038-000- 117549032-03		thorization :		
15-08-84(dd/mm/y/y) Female Mobile No.527336528 5. Nature of illness or Injury G.Are You the patient's primary physician Yes No 7. Presenting Complaints: Yes No 7. Presenting Complaints: Yes No 8. Duration of Symptoms: Yes No 8. Duration of Symptoms: Yes No 9. Onset of Condition: Yes Yes No 10. Relevent Past Medical/Surfgical History 10. DiagonosisiMigraine w/o aura, intractable, without status migrainosus, Headache, unspecified, Other hypotension 12. Etiology: 13. In case of Injury: mode of Injury/place of Injury 14. Plan / Details of Management AprocedureIntramuscular injection, CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOULTION FOR INJECTION, DEXAMETHASONE SODIUM PHOSPHATE- (DEXAMETHASONE : 4 MG/ML) SOULTION FOR INJECTION JOURNETONE Administered intravenously. LACTATED RINGERS INJECTION USP, Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner. D. Laboratiry Test: C. Radiology / Investigations: Date of Discharge:	2.Patient Name RAJAA RAHOULE								
5. Nature of illness or Injury 6. Are You the patient's primary physician 7. Presenting Complaints: C/o: Headache that is located to the left side of the head only. It started about 14 hours ago (at 61m this morning upon wakeup). There is a history of multiple recurrent headaches like this for which she has previously been managed as case of migraine patient and she finds relief. She is not hypertensive and has no other medical condition of note. There is no fever and has no other complaint. 8. Duration of Symptoms: 9. Onset of Condition: 10. Relevent Past Medical/Surfgical History DiagonosisiMigraine w/o aura, intractable, without status migrainosus, Headache, unspecified, Vomiting, unspecified, Other hypotension 12. Etiology: 13. In case of Injury:mode of Injury/place of Injury 14. Plan / Details of Management a. ProcedureIntramuscular injection, CLOFEN -{DICLOFENAC SODIUM: 75 MG/3ML} SOLUTION FOR INJECTION, DEXAMETHASONE: 4 MG/MLJ SOLUTION FOR INJECTION, Administered intravenously, LACTATED RINGERS INJECTION USP, Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner. b. Laboratiry Test: c. Radiology / Investigations: 15. In Case of Hospitalization: Date of Addmission: Date of Discharge: PRESCRIPTION WITH DOSAGE & DURATION Code Generic Dosage Duration Instructions	3.Pa	tient Date of Birth			15-08-84(dd/mm/yy)				
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		No Prescriptions H							

Date: 20-05-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp





Physician Code DHA-P-28040827 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: 20-05-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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



NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae