1.HealthNet Policy Number: I038-000-115298011-01 2. Authorization Code:

2.Patient Name: Ahmed Sayed Fahmy Abdelmohsen

3.Patient Date of Birth & Sex: 28-11-82(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0507622541

5.Nature of illness or Injury: ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

For follow up and for medication refill.

Known hypertensive and diabetic on medications with good compliance.

Scheduled for HBA1c at next visit.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiEssential (primary) hypertension, Elevated blood-pressure reading, w/o diagnosis of htn, Hyperlipidemia, unspecified, Type 2 diabetes mellitus without complications, Other long term (current) drug therapy

ICD Code I10, R03.0, E78.5, E11.9, Z79.899

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureGP repeat visit for OP Consultation refers to week 2, 3 & 4 from the date of initial consultation for same illness in OPD.,GP repeat visit for OP Consultation refers to week 2, 3 & 4 from the date of initial consultation for same illness in OPD.

CPT code9.02,9.02

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

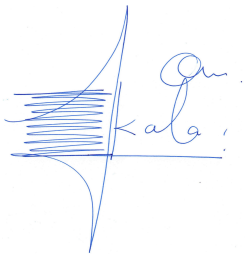
PRESCRIPTION WITH DOSAGE & DURATION

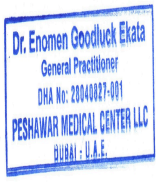
Code	Generic	Dosage	Duration	Instructions
0688-211505-0391	(FENOFIBRATE : 145 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
0042-585003-0391	(EMPAGLIFLOZIN : 25 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) evening
0090-204901-0391	(SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS	FILM COATED TABLETS (56S, BLISTER PACK)	30	Take 1Tablets 2Time(s) perDay For 30 Day(s) after meal
1394-618005-0391	(OLMESARTAN MEDOXOMIL : 20 MG) (AMLODIPINE (AS BESYLATE) : 5 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER)	28	Take 1Tablets 1Time(s) perDay For 28 Day(s) morning

Date: 07-06-24(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: 07-06-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet