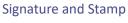


1.He	ealthNet Policy	Number			1038-000- 115298086-01	2. Autho Code:	rization				
2.Pa	2.Patient Name				MA JOSEPHINE REFUNDO AUSTRIA						
3.Pa	tient Date of Birth & Sex				18-10-78(dd/r	mm/yy)	☐ Male <a> Female				
					Mobile No.05	02821996	;				
5.Na	lature of illness or Injury				☐ Acute ☐ Chronic ☐ Emergency						
6.Ar	6.Are You the patient's primary physician				☐ Yes ☐ No						
7.Pr	esenting Comp	plaints:									
For follow up											
Known hypertensive and hyperlipidemic patient.											
Last cholesterol check is 3months ago.											
8.Duration of Symptoms:											
9.Onset of Condition:											
10.F	Relevent Past M	Medical/Surfgical History									
DiagonosisiEssential (primary) hypertension, Mixed hyperlipidemia, Other long term (current) drug therapy, Heart failure, unspecified						ICD Code I10, E78.2, Z79.899, I50.9					
12.E	12.Etiology:										
13.l	n case of Injury	y:mode of Injury/place of Injury									
14.F	Plan / Details of	f Management									
a.ProcedureLipid Panel,Glucose Quantitative Blood Xcpt Reagent Strip,Hemoglobin Glycosylated A1C,Natriuretic Peptide,Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.						CPT code80061,82947,83036,83880,9					
	b.Laboratiry Test:										
	c.Radiology / Investigations:										
15.l	15.In Case of Hospitalization: Date of Addmission: Date of Discharge:										
16.	6. PRESCRIPTION WITH DOSAGE & DURATION										
	Code	Generic		Dosage	Duration In	structions					

	PRESCRIPTION WITH DOSAGE & DURATION									
Code	Generic	Dosage Duration		Instructions						
2138- 151103- 0391	(VALSARTAN : 80 MG) (HYDROCHLOROTHIAZIDE : 12.5 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others						

05-07-24(dd/mm/yy) Date:

Doctor's Name **Enomen Goodluck**





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

05-07-24(dd/mm/yy) Signature of Insued / Claimint Date:

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