



1.HealthNet Policy Number

I038-000-
117549032-012.
Authorization
Code:

2.Patient Name

RAJAA RAHOULE

3.Patient Date of Birth & Sex

15-08-84(dd/mm/yy)

☐ Male ☒ Female

Mobile No.527336528

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

PC: Recurrent headaches. that is located to the left side of the scalp only.

Current episode: This morning (9hours ago).

Has associated nausea but has not vomited.

There is no fever.

Has a long standing history of migraine

Not hypertensive, not diabetic.

Has had multiple MRIs and all were said to be normal.

Has also visited several ophthalmologist and eyes were said to be fine.

Headaches used to be premenstrual but now frequent, as frequent as nearly every weeks.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis Migraine w/o aura, not intractable, w/o status migrainosus, Pain, unspecified, Nausea

ICD Code G43.009, R52, R11.0

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Intramuscular injection,CLOFEN ,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,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 families 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 code 96372,0005-149902-1021,0125-122107-1022,9

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
2027-560101-0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	4	Take 2Tablets 2Time(s) perDay For 4 Day(s) after meal
0006-199804-1971	(SUMATRIPTAN : 10 MG) LIQUID FOR SPRAY (NASAL)	LIQUID FOR SPRAY (NASAL) (2S, SINGLE DOSE UNITS)	2	Take 1Spray 1 Time(s) per Day For 2 Day(s) evening

Date: 11-07-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 11-07-24(dd/mm/yy) Signature of Insured / 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

