1.HealthNet Policy Number: I038-000-117549032-01 2. 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:

Headache.

Repeated muscle spasms and twitches.

Patient is referred to neurologist and ophthalmologist on account of her recurrent headaches, but has declined.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiUnspecified adrenocortical insufficiency, Headache, unspecified, Nausea, Migraine w/o aura, not intractable, w/o status migrainosus, Hypocalcemia, Hypotension, unspecified

ICD Code E27.40, R51.9, R11.0, G43.009, E83.51, I95.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureIntramuscular injection,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CLOFEN ,Electrolyte Panel,Calcium Total,Calcium Ionized,GP repeat visit for OP Consultation refers to week 2, 3 & 4 from the date of initial consultation for same illness in OPD.

CPT code96372,0125-122107-1022,0005-149902-1021,80051,82310,82330,9.02

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

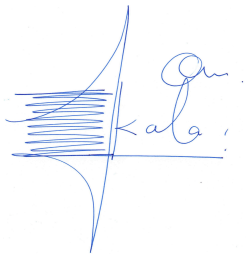
Code	Generic	Dosage	Duration	Instructions
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
2027-560101-0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	4	Take 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: 18-07-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Physician Code DHA-P-28040827 HNM Code

Signature and Stamp



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

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: 18-07-24(dd/mm/yy) Signature of Insued / Claimint

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HealthNet