1.HealthNet Policy Number I038-000-115298216-01 2. Authorization Code:

2.Patient Name OKEZIE THEOPHILIUS NDUCHE

3.Patient Date of Birth & Sex 17-08-79(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0568531697

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

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

7.Presenting Complaints:

PC: Pain on both kneel joints,

Duration: recurrent for 6months. Current episode started 2weeks ago

Also low back pain, and occasional low grade fever.

Also complaint of flu symptoms.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiBilateral primary osteoarthritis of knee, Low back pain, Other spondylosis, lumbosacral region, Acute upper respiratory infection, unspecified ICD Code M17.0, M54.5, M47.897, J06.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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 code9

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
0006-107103-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	10	Take 1Tablets 3 Time(s) per Day For 10 Day(s) after meal
4062-656101-1171	(CHONDROITIN : 400 MG) (METHYLSULPHONYL-METHANE (MSM) : 166.66 MG) (GLUCOSAMINE : 500 MG) (HYALURONIC ACID (AS SODIUM HYALURONATE) : 10 MG) TABLETS	TABLETS (120S, HDPE BOTTLE)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) after meal

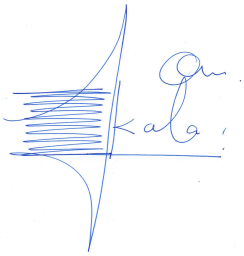
Code	Generic	Dosage	Duration	Instructions
1689-508201-0651	(EUCALYPTUS OIL : 2 G/100G) (TURPENTINE OIL : 3 G/100G) (MENTHOL : 5 G/100G) (WINTERGREEN OIL : 15 G/100G) OINTMENT	OINTMENT (50G, TUBE)	30	Take 1Ointment 2 Time(s) per Day For 30 Day(s) after meal
1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	15	Take 1Tablets 2 Time(s) per Day For 15 Day(s) after meal
0090-122303-0392	(ETORICOXIB : 90 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	56	Take 1Tablets 1 Time(s) per Day For 56 Day(s) after meal
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal

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