



1.HealthNet Policy Number	I038-000-116878668-01	2. Authorization Code:
2.Patient Name	Edobor Lawal Okao	
3.Patient Date of Birth & Sex	31-12-80(dd/mm/yy)	☒ Male ☐ Female
5.Nature of illness or Injury	Mobile No.0551660134	
6.Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency	
7.Presenting Complaints:	☐ Yes ☐ No	
For medication refill		
Known diabetic, hypertensive and hyperlipidemia patient		
8.Duration of Symptoms:		
9.Onset of Condition:		
10.Relevant Past Medical/Surgical History		
Diagnosis: Essential (primary) hypertension, Type 2 diabetes mellitus without complications ICD Code I10, E11.9		
12.Etiology:		
13.In case of Injury:mode of Injury/place of Injury		
14.Plan / Details of Management		
a.Procedure 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 family's 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. b.Laboratory Test:		

CPT code 9

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

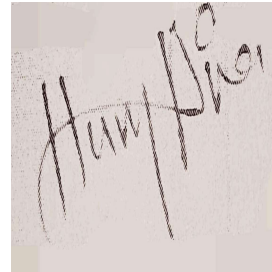
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0170-208601-1021	(INSULIN - GLARGINE : 100 IU/ML) SOLUTION FOR INJECTION	SOLUTION FOR INJECTION (10ML, VIAL)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others
1286-386002-0391	(ATORVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others
0090-204901-0391	(SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS	FILM COATED TABLETS (56S, BLISTER PACK)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others
0071-164203-2001	(GLICLAZIDE : 60 MG) MODIFIED RELEASE TABLETS	MODIFIED RELEASE TABLETS (30S, BLISTER PACK)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others
0219-159701-1171	(LISINOPRIL : 20 MG) TABLETS	TABLETS (28S, BLISTER PACK)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

Date: 02-08-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp




Physician Code DHA-P-54155530 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: 02-08-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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