



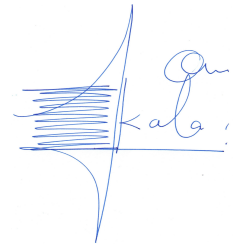
1.HealthNet Policy Number	2. I038-000-118053531-01 Authorization Code:
2.Patient Name	muralikrishnan venugobal
3.Patient Date of Birth & Sex	04-05-79(dd/mm/yy) ☒ Male ☐ Female
5.Nature of illness or Injury	Mobile No.0528178949
6.Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency
7.Presenting Complaints:	☐ Yes ☐ No
Pain in the big toe	
Has a previous history of hyperuricemia and was previously on medication but has discontinued many months ago.	
Duration: 14days	
Review with investigation report	
8.Duration of Symptoms:	
9.Onset of Condition:	
10.Relevant Past Medical/Surgical History	
DiagnosisPain in left toe(s)	ICD Code M79.675
12.Etiology:	
13.In case of Injury:mode of Injury/place of Injury	
14.Plan / Details of Management	
a.ProcedureUric Acid Blood,Blood Count Complete Auto&Auto Difrentl Wbc Count,C-Reactive Protein,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.	
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
0095-149901-0431	(DICLOFENAC SODIUM : 1%) GEL	GEL (50G, TUBE)	15	Take 1Cream 3 Time(s) per Day For 15 Day(s) others
0135-223401-1171	(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal

Date: 18-08-24(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: 18-08-24(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

