1.HealthNet Policy Number I038-000-121234278-01 2. Authorizatio Code:

2.Patient Name Kaung Wai Yan

3.Patient Date of Birth & Sex 02-10-98(dd/mm/yy) M Fema

Mobile No.0523163590

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

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

7.Presenting Complaints:

Vitamin D is 12 low, Uric acid is high 7.8 , cholesterol is high

PC: Dizziness and near fall.

Duration: 4hours

Dizziness was sudden in onset and he was about to fall.

It was associated nausea and chest discomfort (not pain).

He is not a known hypertensive and not diabetic.

Has a history of tachycardia for which he was taking medicines, but stopped 3years ago on arrival in Dubai.

Previously managed for anxiety problems also.

Also being managed for hyperuricemia.

smokes tobacco and takes alcohol.

BP (Left arm) sitting: 115/73mmhg, PR= 78bpm

BP (left arm) standing: 122/89mmhg, PR=83bpm

Right hand (right arm): 108/73mmhg, PR=82bpm.

ECG is advised.

RBS now = 74mg/dl.

Patient is counselled on lifestyle modification

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Syncope and collapse, Familial hypercholesterolemia, Vitamin D deficiency, unspecified, Gout, unspecified, Hypoglycemia, unspecified, Migraine w/o aura, not intractable, w/o status migrainosus

ICD Code R55, E78.01, E55.9, M10.9, I G43.009

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 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 code 9

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission:

Date of Discharge:

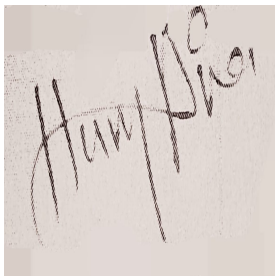
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
3735-640409-1021	(VITAMIN D3 (CHOLECALCIFEROL) : 300000 IU/ML) SOLUTION FOR INJECTION	SOLUTION FOR INJECTION (1ML X 2, GLASS AMPOULE)	1	Take 1Tablets 1 per Week For 1 others
1395-397601-0391	(SUMATRIPTAN (AS SUCCINATE) : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (2S, BLISTER PACK)	2	Take 1Tablets 1 per Day For 2 D evening
0788-107001-1172	(PARACETAMOL : 500 MG) (CAFFEINE : 65 MG) TABLETS	TABLETS (24S, BLISTER PACK)	4	Take 2Tablets 3 perDay For 4 D others
3735-640409-1021	(VITAMIN D3 (CHOLECALCIFEROL) : 300000 IU/ML) SOLUTION FOR INJECTION	SOLUTION FOR INJECTION (1ML X 2, GLASS AMPOULE)	1	Take 1Tablets 1 per Week For 1 others
0207-112401-1171	(ALLOPURINOL : 100 MG) TABLETS	TABLETS (100S, BLISTER PACK)	30	Take 1Tablets 1 perDay For 30 evening

Date: 23-08-24(dd/mm/yy)

Signature and Stamp



Doctor's Name Humaira

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 me examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other per provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medi 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: 23-08-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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