



1. HealthNet Policy Number

I038-000-
115298171-01

2.
Authorization
Code:

2. Patient Name

Wasantha Sisila Kumara Nissanka
Arachchige

3. Patient Date of Birth & Sex

14-12-78(dd/mm/yy)

☒ Male ☐
Female

5. Nature of illness or Injury

Mobile No. 0551329024

6. Are You the patient's primary physician

☐ Acute ☐ Chronic ☐ Emergency

7. Presenting Complaints:

☐ Yes ☐ No

Recurrent one-sided headaches,

said to occur once in every 2 months.

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Migraine w/o aura, not intractable, w/o status migrainosus, Headache,
unspecified

ICD Code G43.009, R51.9

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: Intramuscular injection, CLOFEN, 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 patient's 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.

CPT code 96372, 0005-149902-1021, 9

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
0006- 199805- 1971	(SUMATRIPTAN : 20 MG) LIQUID FOR SPRAY (NASAL)	LIQUID FOR SPRAY (NASAL) (2S, SINGLE DOSE UNITS)	2	Take 1 Spray 1 Time(s) per Day For 2 Day(s) evening
5314- 199803- 1171	(SUMATRIPTAN : 100 MG) TABLETS	TABLETS (2S, BLISTER)	5	Take 1 Tablets 1 Time(s) per Day For 5 Day(s) evening
0027- 142201- 0832	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	3	Take 2 sachet 2 Time(s) per Day For 3 Day(s) after meal

Date: 08-09-24(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

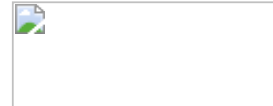
Authorization

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: 08-09-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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