



1. HealthNet Policy Number

I038-000-115298135- 2. Authorization  
01 Code:

2. Patient Name

IKECHUKWU VICTOR NDUCHE

3. Patient Date of Birth & Sex

13-09-85(dd/mm/yy) ☒ Male ☐ Female

5. Nature of illness or Injury

Mobile No. 0555891985

6. Are You the patient's primary physician

☐ Acute ☐ Chronic ☐ Emergency

7. Presenting Complaints:

☐ Yes ☐ No

PC: low back pain.

Duration: recurrent.

current episode started 3 days ago: 26/09/2024

He is a security guard and stands for prolonged hours

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Low back pain, Spondylosis w/o myelopathy or radiculopathy,  
lumbar region

ICD Code M54.5, M47.816

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: CLOFEN, Intramuscular injection, Free follow-up consultation of  
the same diagnosis within 7 days of initial consultation by a General  
Practitioner.

CPT code 0005-149902-1021, 96372, 9.1

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                                              |
|------------------|--------------------------------------------------|------------------------------------------|----------|-----------------------------------------------------------|
| 0005-106601-0052 | (PARACETAMOL : 500 MG) CAPLETS                   | CAPLETS (24S, BLISTER PACK)              | 4        | Take 2 Tablets 3 Time(s) per Day For 4 Day(s) after meal  |
| 0027-149903-0391 | (DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS | FILM COATED TABLETS (10S, BLISTER PACK)  | 5        | Take 1 Tablets 2 Time(s) per Day For 5 Day(s) after meal  |
| 1217-373201-2401 | (TOLPERISONE : 150 MG) SUGAR COATED TABLETS      | SUGAR COATED TABLETS (30S, BLISTER PACK) | 15       | Take 1 Tablets 2 Time(s) per Day For 15 Day(s) after meal |

Date: 30-09-24(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

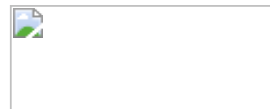
I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above mentioned examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has

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: 30-09-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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