1.HealthNet Policy Number I038-000-115298135-01 2. Authorization Code:

2.Patient Name IKECHUKWU VICTOR NDUCHE

3.Patient Date of Birth & Sex 13-09-85(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0555891985

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

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

7.Presenting Complaints:

PC: low back pain.

Duration: recurrent.

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

He is a security guard and stands for prolonged hours

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiLow 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.ProcedureCLOFEN ,Intramuscular injection,Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner. CPT code0005-149902-1021,96372,9.1

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
0005-106601-0052	(PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BLISTER PACK)	4	Take 2Tablets 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 1Tablets 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 1Tablets 2Time(s) perDay 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 Insued / Claimint

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