1.HealthNet Policy Number: I038-000-117364851-01 2. Authorization Code:

2.Patient Name: MAHMOUD HASSAN ABDALLA MOHAMED

3.Patient Date of Birth & Sex: 11-03-78(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0508949838

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

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

7.Presenting Complaints:

PC: NUMBNESS IN HANDS AND FINGERS LAST 3 DAYS

PAIN IN SHOULDERS LAST 2 DAYS

WEAKNESS IN BODY 2 DAYS

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiCervical disc disorder at C5-C6 level with myelopathy, Muscle weakness (generalized), Pain in right shoulder, Low back pain, Muscle spasm of back, Hyperlipidemia, unspecified

ICD Code M50.022, M62.81, M25.511, M54.5, M62.830, E78.5

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureLipid Panel,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 code80061,9

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
1703-516803-1171	(CALCIUM PANTOTHENATE : 5 MG) (SODIUM SELENITE : 20 MCG) (BETACAROTENE : 0.8 MG) (FERROUS FUMARATE : 9.9 MG) (ZINC OXIDE : 15 MG) (BORAX : 150 MCG) (CHOLECALCIFEROL : 200 IU) (RIBOFLAVINE (VITAMIN B2) : 2 MG) (POTASSIUM CHLORIDE : 7.63 MG) (NICOTINAMIDE : 2 MG) (CHROMIUM : 65 MCG) (COPPER SULFATE : 0.5 MG) (MANGANESE SULFATE : 1.5 MG) (SODIUM MOLYBDATE : 25 MCG) (VITAMIN B12 : 1 MCG) (FOLIC ACID : 150 MCG) (THIAMINE (VITAMIN B1) : 2 MG) (POTASSIUM IODIDE : 150 MCG) (PYRIDOXINE (VITAMIN B6) : 1 M	TABLETS (30S, BLISTER)	15	Take 1Tablets 1 Time(s) per Day For 15 Day(s) after meal
1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0278-107902-0391	(IBUPROFEN : 400 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) after meal

Date: 02-11-24(dd/mm/yy)

Signature and Stamp

Dr. Ahsan Hussain
General Practitioner
DHA No: 87543658-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Doctor's Name AHSAN HUSSAIN

Physician Code DHA-P-87543658 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: 02-11-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet