1.HealthNet Policy Number I038-000-121490872-01 2. Authorization Code:

2.Patient Name Ramesh Topwal Singh

3.Patient Date of Birth & Sex 18-07-89(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0563389038

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

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

7.Presenting Complaints:

Repeat history shows that:

There is pain on the righlt and left ankle joint, also pain on the right and left shoulder joint..

Duration: 10days (25/10/2024)

This is the first episode in the patient.

Not on any routine medications.

Not hypertensive and not diabetic.;

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiPolyarthritis, unspecified, Pain in right shoulder, Pain in left shoulder, Pain in right wrist, Neuralgia and neuritis, unspecified, Weakness, Vitamin D deficiency, unspecified

ICD Code M13.0, M25.511, M25.512, M25.531, M79.2, R53.1, E55.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCreatine Kinase Isoenzymes,Creatine Kinase Total,Antinuclear Antibodies Ana,Rheumatoid Factor Quantitative,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Calcium Total,25 Hydroxy Includes Fractions If Performed,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)

CPT code82552,82550,86038,86431,85025,86140,82310,82306,9.01

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

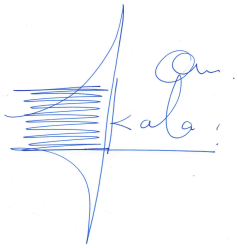
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 05-11-24(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: 05-11-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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