



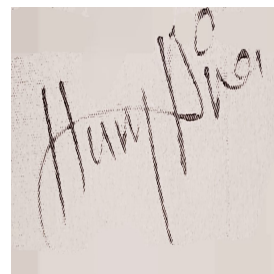
1.HealthNet Policy Number	2. 1038-000-115298059-01	2. Authorization Code:
2.Patient Name	VIJAYAKUMAR MARIMUTHU	
3.Patient Date of Birth & Sex	30-06-75(dd/mm/yy)	☒ Male ☐ Female
5.Nature of illness or Injury	Mobile No.0553328167	
6.Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency	
7.Presenting Complaints:	☐ Yes ☐ No	
CORight sided headache 1week 24th nov. 2024		
oe chest is clearno added sounds		
restless		
smoker		
8.Duration of Symptoms:		
9.Onset of Condition:		
10.Relevant Past Medical/Surgical History		
Diagnosis	Migraine w/o aura, intractable, without status migrainosus	ICD Code G43.019
12.Etiology:		
13.In case of Injury:mode of Injury/place of Injury		
14.Plan / Details of Management		
a.ProcedureGENERAL WELNES CHECKUP (55 TEST),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.,GP repeat visit for OP Consultation refers to week 2, 3 & 4 from the date of initial consultation for same illness in OPD.		
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
0278-107903-0391	(IBUPROFEN : 600 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	Take 1Tablets 2 Tin Day For 5 Day(s) of
1395-397601-0391	(SUMATRIPTAN (AS SUCCINATE) : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (2S, BLISTER PACK)	5	Take 1Tablets 1 Tin Day For 5 Day(s) of

Date: 26-11-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira
General Practitioner
DHA No: 5415530
CITICARE MEDICAL
DUBAI - L

Physician Code DHA-P-54155530 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 medical examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other provider of medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, 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: 26-11-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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