1.HealthNet Policy Number I038-000-120049547-01 2. Authorization Code:

2.Patient Name RAMA MAIYA RANA GANESH BAHADUR

3.Patient Date of Birth & Sex 27-08-84(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0564690704

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

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

7.Presenting Complaints:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAllergic rhinitis, unspecified, Acute pharyngitis, unspecified, Mixed hyperlipidemia, Familial hypercholesterolemia ICD Code J30.9, J02.9, E78.2, E78.01

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureIntramuscular injection,CLOFEN ,DEXAMETHASONE SODIUM PHOSPHATE CPT code96372,0005-149902-1021,0125-122107-1022

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
2027-560101-0392	(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal
0005-119805-1172	(PREDNISOLONE : 5 MG TABLETS	TABLETS (20S, BLISTER PACK	7	Take 2Tablets 1 Time(s) per Day For 7 Day(s) evening

Date: 13-12-24(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: 13-12-24(dd/mm/yy) Signature of Insued / Claimint

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