1.HealthNet Policy Number I038-000-121733333-01 2. Authorization Code:

2.Patient Name OBINNA CHRISTINA NWAKALOR

3.Patient Date of Birth & Sex 18-12-88(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0503360032

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

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

7.Presenting Complaints:

For follow up and to tender investigation report

severe pain in epigastrium

Report shows high levels of H.pylori antibodies suggestive of H. pylori as the cause of the gastritis.

Tripple regimen with clarithromycin, amoxicillin and omepraxole is advised.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiEpigastric pain, Other gastritis without bleeding ICD Code R10.13, K29.60

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureRISEK 40MG,Administered intravenously,SCOPINAL,Intramuscular injection,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 code0005-174202-0781,96365,0005-136504-1021,96372,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

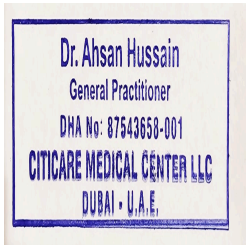
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
6986-151717-0061	(SIMETHICONE : 250 MG) CAPSULES	CAPSULES (30S, BLISTER)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0195-148602-0391	(CLARITHROMYCIN : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK	14	Take 1Tablets 2Time(s) perDay For 14 Day(s) after meal
0139-116403-1452	(AMOXICILLIN : 500 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (100S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) others
0188-232401-0392	(ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) after meal

Date: 14-12-24(dd/mm/yy)

Doctor's Name AHSAN HUSSAIN

Signature and Stamp



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: 14-12-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

HealthNet