1.HealthNet Policy Number I038-000-115298135-01 2. Authorization Code:

2.Patient Name IKECHUKWU VICTOR NDUCHE

3.Patient Date of Birth & Sex 13-09-85(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0555891985

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

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

7.Presenting Complaints:

known hypertensive wants to refill the medicine

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiRash and other nonspecific skin eruption, Essential (primary) hypertension ICD Code R21, I10

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureFree follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner. CPT code9.1

b.Laboratiry Test:

c.Radiology / Investigations:

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

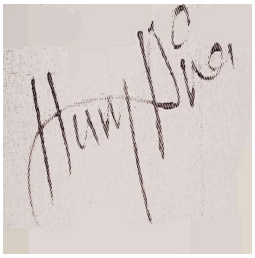
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0006-131401-0151	(BETAMETHASONE : 0.1%) CREAM	CREAM (30G, TUBE)	1	Take 1Tablets 1 Time(s) per Day For 1 Day(s) others
0042-442201-1171	(TELMISARTAN : 80 MG) (AMLODIPINE (AS BESYLATE) : 10 MG) TABLETS	TABLETS (28S, BLISTER PACK)	56	Take 1Tablets 1Time(s) perDay For 56 Day(s) morning

Date: 18-12-24(dd/mm/yy)

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Doctor's Name Humaira

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 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: 18-12-24(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