1.HealthNet Policy Number: I038-000-115298192-01 2. Authorization Code:

2.Patient Name: ABDUL JABBAR SUBHAN ALI

3.Patient Date of Birth & Sex: 01-05-70(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0558727942

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

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

7.Presenting Complaints:

PC: Recurrent pain on the right elbow.

Pain has been recurrent for over 5years, but current episoded started 1 week ago.

Has no history of trauma

Vitamin D, calcium, uric acid and X-ray of the right elbow requested.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiOther bursitis of elbow, right elbow, Pain, unspecified, Elevated blood-pressure reading, w/o diagnosis of htn, Atopic dermatitis, unspecified

ICD Code M70.31, R52, R03.0, L20.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCalcium Ionized,Calcium Total,Uric Acid Blood,25 Hydroxy Includes Fractions If Performed,Intramuscular injection,CLOFEN ,Blood Count Complete Auto&Auto Difrntl Wbc Count,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.

CPT code82330,82310,84550,82306,96372,0005-149902-1021,85025,9,9.02

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
0426-160701-2541	(METHYL SALICYLATE : N/A) (HYDROXYETHYL SALICYLATE : N/A) (ETHYL SALICYLATE : N/A) (METHYL NICOTINATE : N/A) TOPICAL AEROSOL SPRAY	TOPICAL AEROSOL SPRAY (150ML, SPRAY BOTTLE)	14	Take 1Spray 3 Time(s) per Day For 14 Day(s) others
0005-119803-	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s)

Code	Generic	Dosage	Duration	Instructions
1171				after meal
0027-149903-0391	(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal

Date: 30-12-24(dd/mm/yy)

Signature and Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Doctor's Name Enomen Goodluck

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: 30-12-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet