1.HealthNet Policy Number	I038-000-118863833-01
2. Authorization Code:	
2.Patient Name	AYESHA BABAR BABAR BASHIR
3.Patient Date of Birth & Sex	10-06-97(dd/mm/yy) ☐ Male ☑ Female
	Mobile No.0505884109
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency
6.Are You the patient's primary physician	☐ Yes ☐ No

7.Presenting Complaints:

pc : lump on forehead associated with headache for 1 week ,

gaining weigt rapidly

irregular periods for many a few months

bp is elevated

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiRash and other nonspecific skin eruption, Hyperlipidemia, unspecified, Low back pain, Oligomenorrhea, unspecified, Hypothyroidism, unspecified

ICD Code R21, E78.5, M54.5, N91.5, E03.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureThyroid Stimulating Hormone Tsh,(LUTEINIZING HORMONE (LH) : 75 IU) (FOLLICLE STIMULATING HORMONE (FSH) : 75 IU) POWDER AND SOLVENT FOR INJECTION,Lipid Panel,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 code84443,2337-204501-3581,80061,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

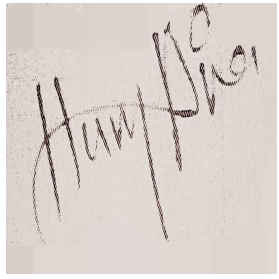
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
6822-155301-0061	(MELOXICAM : 7.5 MG) CAPSULES	CAPSULES (10S, BLISTER)	6	Take 1Tablets 1Time(s) perDay For 6 Day(s) after meal
0009-149102-0431	(CLINDAMYCIN : 1%) GEL	GEL (30G, COLLAPSIBLE TUBE)	7	Take 1Ointment 1 Time(s) per Day For 7 Day(s) after meal
0005-119805-1173	(PREDNISOLONE : 5 MG TABLETS	TABLETS (200S, BLISTER PACK	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal

Date: 04-01-25(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: 04-01-25(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