1.HealthNet Policy Number	I038-000-115298171-01
2. Authorization Code:	
2.Patient Name	Wasantha Sisila Kumara Nissanka Arachchige
3.Patient Date of Birth & Sex	14-12-78(dd/mm/yy) ☑ Male ☐ Female
Mobile No.	0551329024
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency
6.Are You the patient's primary physician	☐ Yes ☐ No

7.Presenting Complaints:

co headache near the one eye 3 days

oe chest is clear noaddded sounds

restless irretable

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiMigraine with aura, intractable, without status migrainosus, Headache, unspecified, Pain, unspecified	ICD Code G43.119, R51.9, R52

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,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	CPT code0005-149902-1021,96372,9

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.

b.Laboratiry Test:

c.Radiology / Investigations:

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

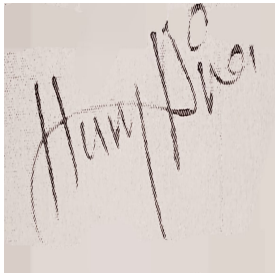
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0027-142201-0832	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	3	Take 2sachet 2 Time(s) per Day For 3 Day(s) after meal
1395-397602-0391	(SUMATRIPTAN (AS SUCCINATE : 50 MG FILM COATED TABLETS	FILM COATED TABLETS (2S, BLISTER PACK	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening
0006-199805-1971	(SUMATRIPTAN : 20 MG) LIQUID FOR SPRAY (NASAL)	LIQUID FOR SPRAY (NASAL) (2S, SINGLE DOSE UNITS)	2	Take 1Spray 1 Time(s) per Day For 2 Day(s) evening

Date: 19-01-25(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: 19-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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