1.HealthNet Policy Number I038-000-115438148-01 2. Authorization Code:

2.Patient Name DANIEL OJONUGWA ADUKU

3.Patient Date of Birth & Sex 15-05-83(dd/mm/yy) ☑ Male ☐ Female

Mobile No.526770890

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

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

7.Presenting Complaints:

follow up

pc ; palpitations , heat intolerance , weakness

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAbnormal results of thyroid function studies ICD Code R94.6

12.Etiology:

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

14.Plan / Details of Management

a.Procedure9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code9.01

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
6880-141003-1171	(CARBIMAZOLE : 20 MG) TABLETS	TABLETS (100S, BLISTER)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)
1098-369701-1171	(METHIMAZOLE : 5 MG) TABLETS	TABLETS (10S, BLISTER PACK)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
0614-478701-0971	(COENZYME Q10 : 92 MG) (OMEGA-3 FATTY ACIDS : 600 MG) SOFT GELATIN CAPSULES	SOFT GELATIN CAPSULES (60S, GLASS BOTTLE)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
5254-830602-2401	(VITAMIN B1 (THIAMINE : 100 MG (VITAMIN B6 (AS PYRIDOXINE HCL : 200 MG (VITAMIN B12 (CYANOCOBALAMIN : 200 MCG SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

Date: 25-01-25(dd/mm/yy)

Signature and Stamp

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Doctor's Name DR Amaizah

Physician Code DHA-P-98486553 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: 25-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet