1.HealthNet Policy Number I038-000-120086838-01 2. Authorization Code:

2.Patient Name WISHWA LAVAN HEENATIGALA

3.Patient Date of Birth & Sex 01-11-00(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0558740635

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

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

7.Presenting Complaints:

Low back pain (more around the left lumbar region),

There is no fever.

No recent history of trauma.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiLow back pain, Iliofemoral ligament sprain of right hip, subs encntr, Other sprain of left hip, sequela ICD Code M54.5, S73.111D, S73.192S

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(DICLOFENAC SODIUM : 75MG/2ML) SOLUTION FOR INJECTION,Intramuscular injection,Rheumatoid Factor Qualitative,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 code0095-149911-1021,96372,86430,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

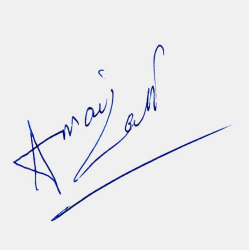
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
2093-596002-0431	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G GEL	GEL (50G, TUBE	1	Take 1Gel 1Time(s) perDay For 1 Day(s) others
0135-223401-1171	(NAPROXEN : 500 MG TABLETS	TABLETS (10S, BLISTER PACK	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Code	Generic	Dosage	Duration	Instructions
2150-575201-1171	(CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) TABLETS	TABLETS (30S, BOX)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
0005-119805-1171	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (1000S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others
0027-142201-0831	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	3	Take 1Powder 1 Time(s) per Day For 3 Day(s) others
3819-373201-0391	(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others

Date: 28-01-25(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: 28-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet