



1.HealthNet Policy Number

1038-000-
121416775-01

2.Patient Name

2.
Authorization
Code:
RUMESH GEETHARANGA WELIVITIGODA
KANKANAMGE

3.Patient Date of Birth & Sex

01-03-87(dd/mm/yy)

☒ Male ☐
Female

5.Nature of illness or Injury

Mobile No.0502292009

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

PC : HEADACHE , SEVERE , ON PAIN SCALE ITS 7

ASSOCIATED WITH DIZZINESS, NAUSEA , AND IRRITABILITY , AND FLICKERING

O/E : LOOK IRRITABLE , WEAK , DEHYDRATED

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis Pain, unspecified, Dehydration, Allergic rhinitis, unspecified, Headache, unspecified, Low back pain

ICD Code R52, E86.0, J30.9, R51.9, M54.5

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(CHLORPHENIRAMINE : 10 MG) INJECTION,Intramuscular injection, (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR 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 provided consistent with the nature of the problem(s) and the patients and/or families 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.,LACTATED RINGERS INJECTION USP,Administered intravenously

CPT code0031-149902-1021,2190-106618-1001,0046-111801-0511,96372,0005-150403-1021,9,0102-152902-1001,96365

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
1195-926901-0391	(VITAMIN D3 : 5 MCG) (VITAMIN E (AS D-ALPHA TOCOPHERYL SUCCINATE) : 20 MG) (ZINC : 15 MG) (CHROMIUM : 50 MCG) (COPPER : 1 MG) (VITAMIN B12 : 9 MCG) (FOLACIN : 500 MCG) (SIBERIAN GINSENG (ELEUTHEROCOCCUS SENTICOSUS) : 20 MG) (IODINE : 150 MCG) (IRON (FERROUS FUMARATE) : 6 MG) (MAGNESIUM OXIDE : 50 MG) (MANGANESE SULFATE : 3 MG) (L-METHIONINE : 20 MG) (NIACIN : 20 MG) (PANTOTHENIC ACID : 10 MG) (PABA : 20 MG) (PYRIDOXINE (VITAMIN B6) : 9 MG) (VITAMIN B2 (RIBOFLAVIN) : 5 MG) (SELENIUM : 150 MCG) (S	FILM COATED TABLETS (30S, BLISTER)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) after meal
0027-149903-0391	(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) after meal
3819-373201-0391	(TOLPERISONE HCL : 150 MG FILM COATED TABLETS	FILM COATED TABLETS	5	Take 1Tablets 1 Time(s) per Day

Code	Generic	Dosage	Duration	Instructions
		(30S, BLISTER		For 5 Day(s) evening
0195- 123701- 0391	(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening

Date: 04-03-25(dd/mm/yy)

Doctor's Name DR Amaizah

Signature and Stamp



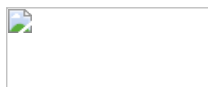
Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

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: 04-03-25(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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