1.HealthNet Policy Number I038-000-115298057-01 2. Authorization Code:

2.Patient Name OLUGBENGA AKINDUTIRE

3.Patient Date of Birth & Sex 07-08-80(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0563096476

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

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

7.Presenting Complaints:PATIENT CAME WITH LOWER BACK PAIN SINCE ONE DAY

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiLow back pain, Myalgia, unspecified site, Muscle spasm of back ICD Code M54.5, M79.10, M62.830

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 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 code0005-149902-1021,96372,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

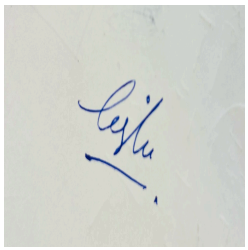
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
2093-596002-0431	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G GEL	GEL (50G, TUBE	5	Take 1Gel 3 Time(s) per Day For 5 Day(s) others
0186-143702-0061	(CELECOXIB : 100 MG) CAPSULES	CAPSULES (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
3819-373201-0391	(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 07-03-25(dd/mm/yy)

Doctor's Name AISHA

Signature and Stamp



Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Physician Code DHA-P-40131439 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: 07-03-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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HealthNet