1.HealthNet Policy Number I038-000-115298190-01 2. Authorization Code:

2.Patient Name RAHAMUDDIN SHEKH BARSATI

3.Patient Date of Birth & Sex 03-01-82(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0523246287

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

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

7.Presenting Complaints:

pc : lower back pain severe 7 on pain scale more on bending and walking stated 17/03/25

o/e : tender rt side of lower back

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiPain, unspecified, Low back pain ICD Code R52, M54.5

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(DICLOFENAC SODIUM : 75 MG/3ML) INJECTION,Intramuscular injection,Administered intravenously,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 code0125-122107-1022,2190-106618-1001,0135-149902-0512,96372,96365,9

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
2594-627701-1171	(VITAMIN D3 : 400 IU) (MAGNESIUM : 48 MG) (ZINC : 3.4 MG) (VITAMIN K2 : 90 MCG) (CALCIUM : 320 MG) TABLETS	TABLETS (60S, BLISTER)	30	Take 1Tablets 1Time(s) perDay For 30 Day(s) after meal
2093-596002-0432	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	3	apply twice daily
0005-119805-1171	(PREDNISOLONE : 5 MG TABLETS	TABLETS (1000S, BLISTER PACK	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) after meal
0027-149903-	(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S,	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after

Code	Generic	Dosage	Duration	Instructions
0391		BLISTER PACK)		meal
3819-373201-0391	(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) others

Date: 17-03-25(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: 17-03-25(dd/mm/yy) Signature of Insued / Claimint

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HealthNet