1.HealthNet Policy Number I038-000-115298171-01 2. Authorization Code:

2.Patient Name Wasantha Sisila Kumara Nissanka Arachchige

3.Patient Date of Birth & Sex 14-12-78(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0551329024

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

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

7.Presenting Complaints:

unilateral headache

pain in eye

history of on and off occurnece of pain

previuosly also took medciation for MIGRAIN

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiMigraine w/o aura, not intractable, with status migrainosus, Pain, unspecified ICD Code G43.001, R52

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCLOFEN ,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.

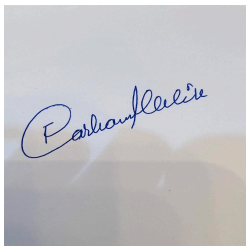
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0135-223401-1171	(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
8033-397605-1971	(SUMATRIPTAN (AS SUCCINATE) : 20 MG) LIQUID FOR SPRAY (NASAL)	LIQUID FOR SPRAY (NASAL) (2S, SINGLE DOSE UNITS)	1	Take 1Spray 1Time(s) perDay For 1 Day(s) others
8033-397601-0391	(SUMATRIPTAN (AS SUCCINATE) : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others

Date: 29-04-25(dd/mm/yy)

Doctor's Name Dr.Farhan Iyas

Signature and Stamp



Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

Physician Code DHA-P-6441782 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: 29-04-25(dd/mm/yy) Signature of Insued / Claimint

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HealthNet