1.HealthNet Policy Number I038-000-115438148-01 2. Authorization Code:

2.Patient Name DANIEL OJONUGWA ADUKU

3.Patient Date of Birth & Sex 15-05-83(dd/mm/yy) ☑ Male ☐ Female

Mobile No.526770890

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

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

7.Presenting Complaints:

known patient for hyperthyroidism

was strated on antithyroid medications

doing well with meds only complain is muscle wekaness and intercostal pain

o/e : look irritable due to pain ,

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisIntercostal pain, Muscle spasm of back, Pain, unspecified, Acute pharyngitis, unspecified ICD Code R07.82, M62.830, R52, J02.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCLOFEN ,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Intramuscular injection,INJECTION SERVICE-IM,VITAMIN D, 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 code0005-149902-1021,0125-122107-1022,96372,96372,INJ064,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

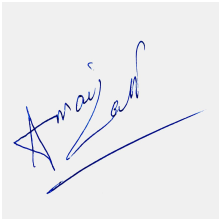
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
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) after meal
0027-149903-0111	(DICLOFENAC SODIUM : 100 MG) COATED TABLETS	COATED TABLETS (30S, BLISTER PACK)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) after meal
2628-574603-1071	(BENZYDAMINE HCL : 0.15%/30ML) (CHLORHEXIDINE GLUCONATE : 0.12%/30ML) SPRAY	SPRAY (30ML, GLASS BOTTLE)	5	Take 1Spray 2 Time(s) per Day For 5 Day(s) after meal
6603-159502-1171	(SERRATIOPEPTIDASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) after noon

Date: 09-05-25(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: 09-05-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet