1.HealthNet Policy Number I038-000-120093446-01 2. Authorization Code:

2.Patient Name HAMID MAHMOOD

3.Patient Date of Birth & Sex 15-12-90(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0509296530

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

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

7.Presenting Complaints:

general check up

patient is a known case of diabetic ,hypercholesterolima and hypertension for the last one year

allergies : none

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiEssential (primary) hypertension, Familial hypercholesterolemia, Hyperglycemia, unspecified, Dysuria, Fatty (change of) liver, not elsewhere classified, Constipation, unspecified

ICD Code I10, E78.01, R73.9, R30.0, K76.0, K59.00

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureLipid Panel,Hepatic Function Panel,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Urnls Dip Stick/Tablet Reagent Auto Microscopy,Glucose Quantitative Blood Xcpt Reagent Strip,Hemoglobin Glycosylated A1C,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 code80061,80076,85025,86140,81001,82947,83036,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

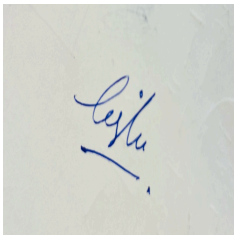
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0046-882601-1101	(NEO-HEALAR EXTRACT {EQUIVALENT TO 0.23-0.52G MIXTURE OF LUPINUS ALBUS (LUPIN BEANS), VATERIA INDICA (WHITE DAMMAR RESIN), ALOE VERA (ALOE JUICE), PEPPERMINT OIL (1/1/2/0.8)} : 181.833 MG) SUPPOSITORY	SUPPOSITORY (30S, BLISTER)	10	Take 1Suppository 1 Time(s) per Day For 10 Day(s) others
4486-164103-0361	(METFORMIN HCL : 500 MG) EXTENDED RELEASE TABLETS	EXTENDED RELEASE TABLETS (30S, BLISTER)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) night time
0207-379203-1171	(AMLODIPINE (AS BESYLATE) : 5MG) TABLETS	TABLETS (30S, BLISTER)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others
2634-650603-0391	(EMPAGLIFLOZIN : 5 MG) (METFORMIN HCL : 850 MG) FILM COATED TABLETS	FILM COATED TABLETS (60S, BLISTER)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others

Date: 25-07-25(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: 25-07-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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HealthNet