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:

Recurrent headaches for the past 4months. It is located at the right hemisphere of the skull.

Pain is particularly worst at the zygomatic arch of the right eye.

Has difficulty looking at bright light.

Counselled to go visit the eye specialist.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiMigraine with aura, intractable, with status migrainosus, Other headache syndrome, Unspecified disorder of eye and adnexa ICD Code G43.111, G44.89, H57.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Gp Consultation CPT code85025,86140,9

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
0006-199803-1172	(SUMATRIPTAN : 100 MG) TABLETS	TABLETS (2S, BLISTER PACK)	2	Take 1Tablets 1 Time(s) per Day For 2 Day(s) evening
1162-699701-0391	(ACETYLSALICYLIC ACID : 250 MG) (CAFFEINE : 65 MG) (PARACETAMOL : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, HDPE BOTTLE)	3	Take 2Tablets 2 Time(s) per Day For 3 Day(s) others

Date: 25-10-23(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI : U.A.E.

Physician Code DHA-P-28040827 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: 25-10-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet