1.HealthNet Policy Number I038-000-118712256-01 2. Authorization Code:

2.Patient Name LIAQAT ALI KHAN MOMIN KHAN

3.Patient Date of Birth & Sex 01-01-92(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0555970161

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

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

7.Presenting Complaints:GENERALIZED PAIN IN MUSCLES AND JOINTS

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiMyalgia, unspecified site, Vitamin D deficiency, unspecified, Vitamin B12 deficiency anemia, unspecified, Low back pain, Pain, unspecified

ICD Code M79.10, E55.9, D51.9, M54.5, R52

12.Etiology:

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

14.Plan / Details of Management

a.Procedure25 Hydroxy Includes Fractions If Performed,Cyanocobalamin Vitamin B-12,Blood Count Complete Auto&Auto Difrntl Wbc Count,Sedimentation Rate Rbc Automated,C-Reactive Protein,Thyroid Stimulating Hormone Tsh,Thyroxine Total,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,Administered intravenously,IV fluid admisitration,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.,Administered intravenously

CPT code82306,82607,85025,85652,86140,84443,84436,0005-149902-1021,2284-111908-1001,96365,96360,9,96365

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
0013-188401-1451	(GABAPENTIN : 100 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (48S, BLISTER PACK)	20	Take 1Tablets 1 Time(s) per Day For 20 Day(s) after meal BEFORE SLEEPING
5101-640418-0061	(VITAMIN D3 (CHOLECALCIFEROL) : 1000 IU) CAPSULES	CAPSULES (30S, BLISTER)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) after meal
0097-223401-1172	(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER)	15	Take 1 Unit(s), 2 Time(s) per Day For 15 Day(s)

Date: 27-12-23(dd/mm/yy)

Doctor's Name Sajid Sanaullah

Signature and Stamp

Physician Code DHA-P-5758224 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: 27-12-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae