1.HealthNet Policy Number: I038-000-115298155-01 2. Authorization Code:

2.Patient Name: DAYANANDA BAJAKKAREMOOLE SUBBAPURUSHA

3.Patient Date of Birth & Sex: 28-02-65(dd/mm/yy) ☑ Male ☐ Female

Mobile No.505882976

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

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

7.Presenting Complaints:

or medication refill.

A known diabetic and hyperlipidemic patient.

Has a previous history of TIA/stroke for which he is on regular aspirin.

Current medications are Metformin/sitagliptin (Junamet) 1000/50mg, Aspirin and Atorvastatin 20mg.

Has nil fresh complaint today.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiType 2 diabetes mellitus with diabetic neuropathy, unsp, Carotid artery syndrome (hemispheric) ICD Code E11.40, G45.1

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureLipid Panel,Hemoglobin Glycosylated A1C,Glucose Post Glucose Dose,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 code80061,83036,82950,9

b.Laboratiry Test:

c.Radiology / Investigations:

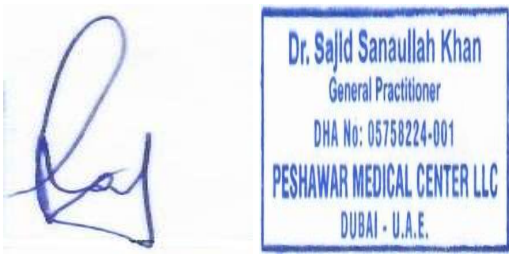
15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16. PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0090-204901-0391	(SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS	FILM COATED TABLETS (56S, BLISTER PACK)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others
0096-124204-0341	(ASPIRIN : 100 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (20S, BLISTER PACK)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others

Date: 01-01-24(dd/mm/yy)

Signature and Stamp



Doctor's Name Sajid Sanaullah

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: 01-01-24(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