



1.HealthNet Policy Number

I038-000-
115298230-012.
Authorization
Code:

2.Patient Name

Waqar Ahmad Manzoor Ahmad

3.Patient Date of Birth & Sex

05-08-93(dd/mm/yy)

☒ Male ☐
Female

Mobile No.0588210257

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

C/o; Severe throbbing headache.

it is located at the temporal region on both sides.

Said to have began with a tooth ache following which he was given amoxicillin and flagyl.

Tooth ache has now resolved but headache has persisted.

There is no fever and there is no photophobia and no phonophobia.

He is not a known hypertensive and not diabetic.

Blood pressure however noted to be elevated at 145/95mmhg.

Counselled to cut down on smoking.

Counselled on salt reduction also.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis Migraine w/o aura, intractable, without status migrainosus, Cluster headache syndrome, unspecified, intractable, Dental caries, unspecified, Elevated blood-pressure reading, w/o diagnosis of htn

ICD Code G43.019, G44.001, K02.9, R03.0

12.Etiology:

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

14.Plan / Details of Management

a.Procedure 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 families 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 code9

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
1162-699701-0391	(ACETYLSALICYLIC ACID : 250 MG) (CAFFEINE : 65 MG) (PARACETAMOL : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, HDPE BOTTLE)	3	Take 1Tablets 3 Time(s) per Day For 3 Day(s) others
0027-142201-0832	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	3	Take 1sachet 3 Time(s) per Day For 3 Day(s) after meal
0006-199803-1172	(SUMATRIPTAN : 100 MG) TABLETS	TABLETS (2S, BLISTER PACK)	2	Take 1Tablets 1 Time(s) per Day For 2 Day(s) evening

Date: 13-01-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

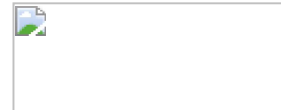



Physician Code DHA-P-28040827 HNM Code

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: 13-01-24(dd/mm/yy) Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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