1.HealthNet Policy Number I038-000-115298230-01 2. 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.Relevent Past Medical/Surfgical History

DiagonosisMigraine 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.ProcedureOffice 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 code9

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
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)

Signature and Stamp

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

Doctor's Name Enomen Goodluck

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 Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet