1.HealthNet Policy Number I038-000-115298086-01 2. Authorization Code:

2.Patient Name MA JOSEPHINE REFUNDO AUSTRIA

3.Patient Date of Birth & Sex 18-10-78(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0502821996

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

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

7.Presenting Complaints:

Pain in the left ear especially on touching the external ear.

There is no fever but has headache.

Known hypertensive.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiOther otitis externa, left ear, Otalgia, left ear, Essential (primary) hypertension, Hyperlipidemia, unspecified, Unspecified acute lower respiratory infection ICD Code H60.8X2, H92.02, I10, E78.5, J22

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
1724-386002-0391	(ATORVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)
2138-151103-0391	(VALSARTAN : 80 MG) (HYDROCHLOROTHIAZIDE : 12.5 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
0135-223401-1171	(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	3	Take 1Tablets 3 Time(s) per Day For 3 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0219-142902-1452	(CEFIXIME : 400 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	7	Take 1Tablets 1Time(s) perDay For 7 Day(s) after meal
6894-822002-1681	(DEXAMETHASONE SODIUM PHOSPHATE : 1MG/ML) (GENTAMICIN SULPHATE : 3 MG/ML) EYE / EAR DROPS	EYE / EAR DROPS (10ML, BOTTLE)	5	Take 2Drops 4 Time(s) per Day For 5 Day(s) others

Date: 24-04-24(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: 24-04-24(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