

1.HealthNet Policy Number	1038-000- 117559456-01	2. Authorization Code:		
2.Patient Name	NIHAD AHMED SHAIKH NISAR AHMED			
3.Patient Date of Birth & Sex	25-10-99(dd/m	m/yy)	✓ Male ☐ Female	
	Mobile No.0556579910			
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency			
6.Are You the patient's primary physician	☐ Yes ☐ No			
7.Presenting Complaints:				

co fever body pain chest pain prulant cough nausea cough is 2 days

oe chest is clear no added sounds vitals

- 8. Duration of Symptoms:
- 9.Onset of Condition:
- 10. Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Fever, unspecified, Myalgia, Cough ICD Code J06.9, R50.9, M79.1, R05

- 12. Etiology:
- 13.In case of Injury:mode of Injury/place of Injury
- 14.Plan / Details of Management

a.ProcedureCEFTRIAXONE-TABUK IV, Blood Count Complete Auto&Auto Difrntl Wbc Count, C-Reactive Protein, Sedimentation Rate Rbc Automated, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 MG/ML) SOLUTION FOR INFUSION, Administered intravenously, 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 code0195-107704-0801,85025,86140,85652,2190-106618-1001,96365,9

b.Laboratiry Test:

16.

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission:

Date of Discharge:

PRESCRIPTION WITH DOSAGE & DURATION							
Code	Generic	Dosage	Duration	Instructions			
0248- 135501- 1161	(DEXTROMETHORPHAN : 125 MG/100ML) (DIPHENHYDRAMINE : 100 MG/100ML) (EPHEDRINE : 150 MG/100 ML) (GUAIFENESIN : 10 MG/ML) SYRUP	SYRUP (125ML, BOTTLE)	2	Take 2Syrup 3 Time(s) per Day For 2 Day(s) others			
0005- 107001- 0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others			
0195- 123701- 0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others			
0139- 116206- 1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others			

Date: 05-05-24(dd/mm/yy)

Doctor's Name Humaira Signature and Stamp



Dr. Humaira Mumtaz **General Practitioner** DHA No: 54155530-002 PESHAWAR MEDICAL CENTER LLC DUBAI - U.A.E.

Physician Code DHA-P-54155530 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

Signature of Insued / Claimint 05-05-24(dd/mm/yy) Date:

Copy of NGI - Pharmacy

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



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