1.HealthNet Policy Number I038-000-115298024-01 2. Authorization Code:

2.Patient Name Mohamed Sayed Hassan Mohamed

3.Patient Date of Birth & Sex 17-03-97(dd/mm/yy) ☑ Male ☐ Female

Mobile No.509282499

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

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

7.Presenting Complaints:

PC: severe headache, pain in throat, high grade fever and vomiting.

Managed for similar condition about a week ago, but was not compliant with medications.

Not hypertensive and not diabetic.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute upper respiratory infection, unspecified, Fever, unspecified, Vomiting, unspecified, Elevated white blood cell count, unspecified ICD Code J06.9, R50.9, R11.10, D72.829

12.Etiology:

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

14.Plan / Details of Management

a.Procedure GP repeat visit for OP Consultation refers to week 2, 3 & 4 from the date of initial consultation for same illness in OPD.,Administered intravenously,CEFTRIAXONE-TABUK IV,CLOFEN ,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,Intramuscular injection,Iaad Eia Influenza A/B Each CPT code9.02,96365,0195-107704-0801,0005-149902-1021,0125-122107-1022,2190-106618-1001,96372,87400

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

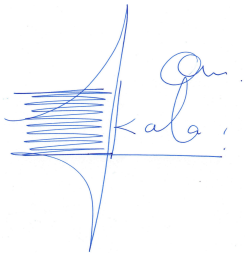
PRESCRIPTION WITH DOSAGE & DURATION

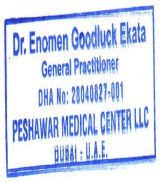
Code	Generic	Dosage	Duration	Instructions
1516-107902-1171	(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
1343-383501-0582	(BENZOCAINE : 6 MG) (MENTHOL : 10 MG) LOZENGES	LOZENGES (18S, BLISTER)	3	Take 1Tablets 6 Time(s) per Day For 3 Day(s) after meal
0005-605302-1451	(ESOMEPRAZOLE (AS SODIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
0139-116207-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal

Date: 15-06-24(dd/mm/yy)

Signature and Stamp





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: 15-06-24(dd/mm/yy) Signature of Insued / Claimint

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