



1.HealthNet Policy Number

1038-000-114678171-01

2.Patient Name

2. Authorization Code:

SUDIP SHRESTHA

3.Patient Date of Birth & Sex

20-11-98(dd/mm/yy)

☒ Male ☐ Female

5.Nature of illness or Injury

Mobile No.0588327738

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

co fever on and off cold nasal blockage pain in the throat dry cough 26 june 2024

oe enlarge and inflamed tonsills oral blister

chest is congested no added sounds

restless

taking tablet at home paracetamol

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

DiagnosisFever, unspecified, Acute upper respiratory infection, unspecified, Cough, Oral mucositis (ulcerative), unspecified, Acute tonsillitis, unspecified

ICD Code R50.9, J06.9, R05, K12.30, J03.90

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntrl Wbc Count,Sedimentation Rate Rbc Automated,C-Reactive Protein,CEFTRIAXONE-TABUK IV,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 code85025,85652,86140,0195-107704-0801,96365,9

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admmission:

Date of Discharge:

16.

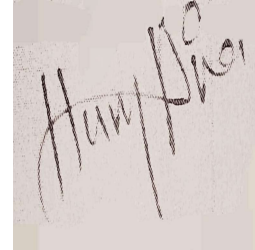
| PRESCRIPTION WITH DOSAGE & DURATION |                                                                                                    |                                            |          |                                                 |
|-------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------|----------|-------------------------------------------------|
| Code                                | Generic                                                                                            | Dosage                                     | Duration | Instructions                                    |
| 0097-393801-2471                    | (AMMONIUM CHLORIDE : 131.5 MG/5 ML)<br>(DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP<br>(ALCOHOL FREE) | SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE) | 1        | Take 10ML 3 Time(s) per Day For 7 Day(s) others |

| Code             | Generic                                                   | Dosage                                  | Duration | Instructions                                         |
|------------------|-----------------------------------------------------------|-----------------------------------------|----------|------------------------------------------------------|
| 0195-123701-0391 | (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS              | FILM COATED TABLETS (10S, BLISTER PACK) | 5        | Take 1Tablets 3 Time(s) per Day For 5 Day(s) others  |
| 0195-116604-0391 | (METRONIDAZOLE : 500 MG) FILM COATED TABLETS              | FILM COATED TABLETS (20S, BLISTER PACK) | 7        | Take 1Tablets 12 Time(s) per Day For 7 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  |
| 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: 30-06-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



**Dr. Humaira Mumtaz**  
General Practitioner  
DHA No: 54155530-002  
**CITICARE 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

Date: 30-06-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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