



1.HealthNet Policy Number

I038-000-
120415701-01

2.
Authorization
Code:

2.Patient Name

CHADIA LARDI

3.Patient Date of Birth & Sex

19-11-02(dd/mm/yy)

☐ Male ☒ Female

5.Nature of illness or Injury

Mobile No.0544683610

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

co breast lump rt side 1 nodule 2 cm around irregular menses 13th july 2024

oe cold pain in the lump on touch axillary lymph node are good

chest is clear no added sounds

stable

2nd july 2024 Imp diagbnosed pcos

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Unspecified lump in the right breast, unspecified quadrant, Pain, unspecified

ICD Code N63.10, R52

12.Etiology:

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

14.Plan / Details of Management

a.Procedure 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 families 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 code 9**

b.Laboratory Test:

c.Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

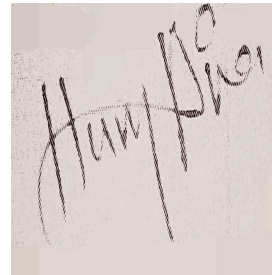
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 16-07-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp




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: 16-07-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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