



1. HealthNet Policy Number

1038-000-

117761786-01

2. Authorization

Code:

2. Patient Name

SANGITA BHANDARI

3. Patient Date of Birth & Sex

03-10-94(dd/mm/yy)

☐ Male ☒ Female

Mobile No. 0524050665

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

C/o: Nasal congestion, pain in throat, fever and Headache,

Also has vomiting for which he had 3 episodes today and she was said to have collapsed.

Duration: 3 days

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute upper respiratory infection, unspecified, Acute tonsillitis, unspecified, Acute gastritis without bleeding, Vomiting, unspecified, Fever, unspecified

ICD Code J06.9, J03.90, K29.00, R11.10, R50.9

12. Etiology:

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

14. Plan / Details of Management

a. Procedure Administered intravenously, (DEXAMETHASONE SODIUM PHOSPHATE : 1 MG/ML) (GENTAMICIN SULPHATE : 3 MG/ML) EYE / EAR DROPS, LACTATED RINGERS INJECTION USP, CLOFEN, Intramuscular injection, CEFTRIAXONE-TABUK IV, RISEK 40MG, (METOCLOPRAMIDE HCL : 10 MG/2ML) SOLUTION FOR INJECTION, Blood Count Complete Auto & Auto Diffrntl Wbc Count, 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 family's 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 96365, 2593-822001-1681, 0102-152902-1001, 0005-149902-1021, 96372, 0195-107704-0801, 0005-174202-0781, 1528-378102-1021, 85025, 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
0137-242802-0342	(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (30S, BLISTER)	15	Take 1 Tablets 2 Time(s) per Day For 15 Day(s) before meal
0139-116207-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	10	Take 1 Tablets 2 Time(s) per Day For 10 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1 Tablets 1 Time(s) per Day For 10 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
2027-560101-0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal
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: 01-08-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE 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: 01-08-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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