

1.HealthNet Policy Number	1038-000-121036439-01	2. Authorization Code:
2.Patient Name	UTTARAM GURUNG KANCHHA GURUNG	
3.Patient Date of Birth & Sex	16-11-00(dd/mm/yy)	🗸 Male 🔲 Female
	Mobile No.0523760980	
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency	
6.Are You the patient's	D Voc D No	
primary physician	☐ Yes ☐ No	
7.Presenting Complaints:		
Headache, fever, pain in thro	at and generalized body pains.	
Duration : 2 days.		
ALso has cough and nasal cor	ngestion.	
8.Duration of Symptoms:		
9.Onset of Condition:		
10.Relevent Past Medical/Sur	rfgical History	
DiagonosisiAcute upper		
respiratory infection, unspecified, Fever, unspecified,		
Headache, unspecified, Acute	ICD Code J06.9, R50.9, R51.9, J01.40, R4	12, K29.00
pansinusitis, unspecified,		
Dizziness and giddiness, Acute gastritis without bleeding		
12.Etiology:		
13.In case of Injury:mode of		
Injury/place of Injury		
14.Plan / Details of		
Management	CDT	
a.ProcedureOffice consultation for a new or	CPT code9 96365 0195-107704-0801 0005-1	.49902-1021,2190-106618-1001,0125-122107-1027
established patient, which	107704 0001,0003 1	-5302 1021,2130 100010 1001,0123 122107 1027
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		

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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., Administered intravenously, CEFTRIAXONE-TABUK IV, CLOFEN ,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 MG/ ML) SOLUTION FOR INFUSION, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ ML) SOLUTION FOR INJECTION, PANTONIX 40MG I.V.,Intramuscular injection

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Discharge:

Date of Addmission:

16.

0195-123701-0391 (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS

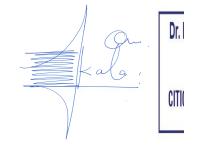
Code	Generic	Dosage	Duration	I
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	T p
0005-116801-1161	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	5	T p n
0137-242801-0342	(PANTOPRAZOLE (AS SODIUM) : 20 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (30S, BLISTER)	15	T p b
1516-107902-1171	(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	4	T p n

21-08-24(dd/mm/yy) Date:

Doctor's Name **Enomen Goodluck**

Physician Code DHA-P-28040827 **HNM Code** Signature and Stamp

PRESCRIPTION WITH DOSAGE & DURATION



10

FILM COATED

TABLETS (10S,

BLISTER PACK)

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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 me investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has person me or my dependents to furnish NGI with any and all information with regard to any medical history, medical condition or medical services and hospital records.

A Photocopy or teletax copy of this authorization shall be considered effective any valid as the original

Date: 21-08-24(dd/mm/yy)

Signature of Insued / Claimint

Copy of NGI - Pharmacy

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



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