1.HealthNet Policy Number	I038-000-121036439-01	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 primary physician	☐ Yes ☐ No	

7.Presenting Complaints:

Headache, fever, pain in throat and generalized body pains.

Duration : 2 days.

ALso has cough and nasal congestion.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Fever, unspecified, Headache, unspecified, Acute pansinusitis, unspecified, Dizziness and giddiness, Acute gastritis without bleeding	ICD Code J06.9, R50.9, R51.9, J01.40, R42, K29.00

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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	CPT code9,96365,0195-107704-0801,0005-149902-1021,2190-106618-1001,0125-122107-102

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 Addmission: Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

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 a
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
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	T p e

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

Signature and Stamp

Dr.

CITI

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