1.HealthNet Policy Number	I038-000-120194303-01	2. Authorization Code:	
2.Patient Name	Hakim Sharifov		
3.Patient Date of Birth & Sex	02-09-05(dd/mm/yy)	☑ Male	Female
	Mobile No.0543798424		
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency		
6.Are You the patient's primary physician	☐ Yes ☐ No		

7.Presenting Complaints:

co fever on and off vomitting abdominal pain 3rd sep. 2024

oe epigastric pain

chest is clear no added sounds

restless

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiFever, unspecified, Acute upper respiratory infection, unspecified, Vomiting, unspecified, Gastritis, unspecified, without bleeding, Cough	ICD Code R50.9, J06.9, R11.10, K29.70, R05

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Sedimentation Rate Rbc Automated,CEFTRIAXONE-TABUK IV,PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS	CPT code85025,86140,85652,0195-107704-0801,0005-242802-0781,0005-150403-1021,96365,9

SODIUM) : 40 MG) POWDER FOR INFUSION,PREMOSAN - (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,Administered intravenously,Intramuscular injection,CLOFEN ,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.

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

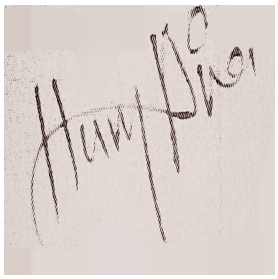
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	In
0097-393801-2471	(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE)	1	Ta Da m
0265-150407-1171	(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	Ta pe ot
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Ta pe ot
0219-142902-1451	(CEFIXIME : 400 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (5S, BLISTER PACK)	7	Ta pe ot

Date: 05-09-24(dd/mm/yy)

Signature and Stamp



Doctor's Name Humaira

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 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: 05-09-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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