1.HealthNet Policy Number	I038-000-118863833-01	2. Authorization Code:
2.Patient Name	AYESHA BABAR BABAR BASHIR	
3.Patient Date of Birth & Sex	10-06-97(dd/mm/yy)	☐ Male ☑ Fema
	Mobile No.0505884109	
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency	
6.Are You the patient's primary physician	☐ Yes ☐ No	

7.Presenting Complaints:

PC: Upper abdominal pain

Duration: 5days

Associated fever and freqwuency of urine.

Period is 5days late.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiUrinary tract infection, site not specified, Frequency of micturition, Secondary amenorrhea, Fever, unspecified, Acute gastritis without bleeding, Epigastric pain	ICD Code N39.0, R35.0, N91.1, R50.9, K29.00, R10.13

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureUrnls Dip Stick/Tablet Reagent Auto Microscopy,Blood Count Complete Auto&Auto Difrntl Wbc Count,(CIPROFLOXACIN : 200 MG/100ML) SOLUTION FOR INFUSION, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION,Administered intravenously,RISEK 40MG,SCOPINAL,PARAFUSIV	CPT code81001,85025,0002-103205-1001,0131-116601-1001,96365,0005-174202-0781,0005-1

I.V. 10MG/ML-(PARACETAMOL : 10 MG/ ML) SOLUTION FOR INFUSION,Antibody Helicobacter Pylori,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.,Intramuscular injection

b.Laboratiry Test:

c.Radiology / Investigations:

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

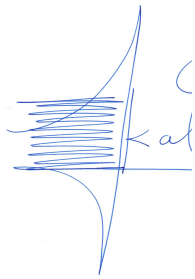
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duratio
7288-337702-0451	(POTASSIUM SODIUM HYDROGEN CITRATE : 2427.7MG/2.5 G) GRANULES	GRANULES (280G, JAR)	5
0005-106601-0053	(PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BLISTER PACK)	5
0188-232401-0391	(ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	7
0152-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10
0054-103201-0391	(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5

Date: 17-09-24(dd/mm/yy)

Signature and Stamp



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 given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has provided medical services and all information with regard to any medical history, medical condition or medical services and copies of all medical and hospital reco

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

Date: 17-09-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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