



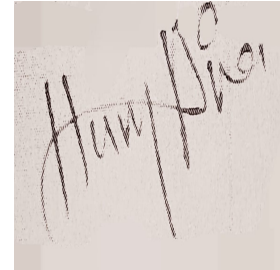
1.HealthNet Policy Number	1038-000-116981944-01	2. Authorization Code:										
2.Patient Name	BHESH BAHADUR GURUNG											
3.Patient Date of Birth & Sex	01-01-83(dd/mm/yy)	☒ Male ☐ Female										
5.Nature of illness or Injury	Mobile No.526089958											
6.Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency											
7.Presenting Complaints:	☐ Yes ☐ No											
co inflamed inguinal lymph nodes 19th sep. 2024												
oe chest is clear no added sounds restless												
increase in blood pressure												
plan refer to emergency												
8.Duration of Symptoms:												
9.Onset of Condition:												
10.Relevant Past Medical/Surgical History												
Diagnosis	Localized enlarged lymph nodes, Fever, unspecified, Elevated blood-pressure reading, w/o diagnosis of htn	ICD Code R59.0, R50.9, R03.0										
12.Etiology:												
13.In case of Injury:mode of Injury/place of Injury												
14.Plan / Details of Management												
a.Procedure	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 families 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.Laboratory Test:												
c.Radiology / Investigations:												
15.In Case of Hospitalization: Date of Admission:	Date of Discharge:											
16.	PRESCRIPTION WITH DOSAGE & DURATION											
	<table><thead><tr><th>Code</th><th>Generic</th><th>Dosage</th><th>Duration</th><th>Instructions</th></tr></thead><tbody><tr><td>0005-107001-0051</td><td>(CAFFEINE : 65 MG) (PARACETAMOL :</td><td>CAPLETS (24S,</td><td>6</td><td>Take 1Tablets 2 Time(s) p</td></tr></tbody></table>		Code	Generic	Dosage	Duration	Instructions	0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL :	CAPLETS (24S,	6	Take 1Tablets 2 Time(s) p
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Code	Generic	Dosage	Duration	Instructions
	500 MG) CAPLETS	BOX)		6 Day(s) others

Date: 23-09-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira
General Pra
DHA No: 5415
CITICARE MEDICA
DUBAI - I

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 examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other per provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medi 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: 23-09-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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