



1. HealthNet Policy Number

I038-000-
120436195-01

2.
Authorization
Code:

2. Patient Name

mohammad OMRAN

3. Patient Date of Birth & Sex

15-03-99(dd/mm/yy)

☒ Male ☐
Female

5. Nature of illness or Injury

Mobile No. 0509352893

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

PC: EPIGASTRIC PAIN

GERD

ACUTE GASTRITIS

VOMITING

GASEOUS ABDOMEN

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Epigastric pain, Abdominal distension (gaseous), Gastro-esophageal reflux disease without esophagitis, Acute gastritis without bleeding, Irritable bowel syndrome without diarrhea

ICD Code R10.13, R14.0, K21.9, K29.00, K58.9

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: RISEK 40MG, (METRONIDAZOLE : 0.5%) SOLUTION FOR INFUSION, SCOPINAL, Administered intravenously, Intramuscular injection, (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION, 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 family's 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.

CPT code 0005-174202-0781, 0135-116611-1001, 0005-136504-1021, 96365, 96372, 0046-150403-1021, 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

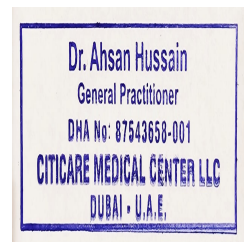
Code	Generic	Dosage	Duration	Instructions
6986-151717-0061	(SIMETHICONE : 250 MG) CAPSULES	CAPSULES (30S, BLISTER)	14	Take 1 Tablets 1 Time(s) per Day For 14 Day(s) after meal
0265-150407-1171	(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	14	Take 1 Tablets 2 Time(s) per Day For 14 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) others
1291-381101-2401	(MEBEVERINE HCL : 135 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (50S, BLISTER PACK)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) others

Date: 07-10-24(dd/mm/yy)

Doctor's Name AHSAN HUSSAIN

Signature and Stamp



Physician Code DHA-P-87543658 HNM Code

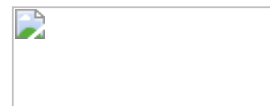
Authorization

I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above mentioned examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medical condition 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: 07-10-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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