1.HealthNet Policy Number I038-000-117593153-01 2. Authorization Code:

2.Patient Name JOHN CYPRIAN DESSA HENRY DESSA

3.Patient Date of Birth & Sex 21-01-80(dd/mm/yy) ☑ Male

Mobile No.0505742130

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Fever, unspecified, Acute gastritis without bleeding, Nasal congestion, Cough ICD Code J06.9, R50.9, K29.00, R09.81, R05

12.Etiology:

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

14.Plan / Details of Management

a.ProcedurePULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),Follow up Consultation GP,nebulization with ventoline solution CPT code0188-135906-2441,9.01,9.01,9464(

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

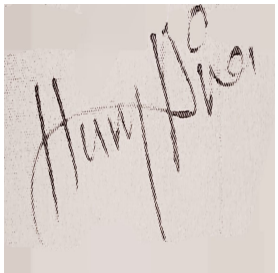
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instruct
1695-510201-1161	(TRIKATU : 2.5 MG/5 ML) (ADHATODA VASICA : 20 MG/5ML) (GLYCYRRHIZA GLABRA : 20 MG/5ML) (ZINGIBER OFFICINALE : 5 MG/5ML) (OCIMUM SANCTUM : 20 MG/5ML) (SOLANUM XANTHOCARPUM : 6.25MG/5ML) (MENTHA SYLVESTRIS : 3 MG/5ML) SYRUP	SYRUP (100ML, PLASTIC BOTTLE)	1	Take 1S Time(s) For 1 D others

Date: 08-10-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



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 pe 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: 08-10-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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