1.HealthNet Policy Number	I038-000-116025848-01
2. Authorizati Code:	
2.Patient Name	ISLAM HOSSAIN JABED ALI
3.Patient Date of Birth & Sex	12-08-84(dd/mm/yy) ☑ I Fem
	Mobile No.0555382572
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergenc
6.Are You the patient's primary physician	☐ Yes ☐ No

7.Presenting Complaints:C/O ITCHY LESIONS OVER THE SHOULDERS OVER 3 WEEKS.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiDermatitis, unspecified ICD Code L30.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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.,Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded 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 of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family. CPT code9,10

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	Instructions
0219-123701-0392	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1 Time(s For 10 Day(s) evening
0070-124403-0151	(MOMETASONE FUROATE : 0.1%) CREAM	CREAM (30G, TUBE)	14	Take 1Cream 1 Time(s For 14 Day(s) evening

Date: 12-10-24(dd/mm/yy)

Doctor's Name Srinivasa Munivenkatappa

Signature and Stamp

Physician Code DHA-P-00198547 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: 12-10-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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