



1.HealthNet Policy Number	I038-000-115438108-01	2. Authorizatic Code:
2.Patient Name	PATRICK KOJO NKANSAH	
3.Patient Date of Birth & Sex	18-10-76(dd/mm/yy)	☒ Male ☐ Female
5.Nature of illness or Injury	Mobile No.0558227132	
6.Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency	
7.Presenting Complaints:	☐ Yes ☐ No	
co fever on and off pain in mouth 16th oct 2024		
oe		
wisdom tooth is paining and tonsills are inflamed		
chest is clear no added sounds		
restless		
8.Duration of Symptoms:		
9.Onset of Condition:		
10.Relevent Past Medical/Surfgical History		
DiagonosisiAcute tonsillitis, unspecified, Fever, unspecified, Cough, Acute gastritis without bleeding, Elevated blood-pressure reading, w/o diagnosis of htn	ICD Code J03.90, R50.9, R05, K29.00,	
12.Etiology:		
13.In case of Injury:mode of Injury/place of Injury		
14.Plan / Details of Management		
a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Renal Function Panel,Lipid Panel,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.	CPT code85025,86140,80069,80061,9	
b.Laboratiry 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
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	Take 1Tablets 2 T Day For 5 Day(s)
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1Tablets 2 T Day For 6 Day(s)
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablet at n
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	5	Take 1Tablets 1 T Day For 5 Day(s)

Date: 23-10-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp

Dr. Humaira
General Prai
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 pei 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: 23-10-24(dd/mm/yy)

Signature of Insued / Claimint



Copy of NGI - Pharmacy

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

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