Code

1267-141604-0082

Generic

(ALUMINIUM HYDROXIDE: 200 MG)



1.HealthNet Policy Number	1038-000-121378268-01	2. Authorization Code:				
2.Patient Name	RAHUL MAHMUD SABBIR					
3.Patient Date of Birth & Sex	04-08-02(dd/mm/yy) Mobile No.0528639960	✓ Male 🗌 Female				
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Em	nergency				
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 gastritis without bleeding, Epigastric pain	ICD Code K29.00, R10.13					
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.,Antibody Helicobacter Pylori,PANTONIX 40MG I.V(PANTOPRAZOLE (AS SODIUM): 40 MG) POWDER FOR INFUSION,SODIUM CHLORIDE B.P.,SCOPINAL,Administered intravenously,Intramuscular injection	CPT code9,86677,0005-242802-0	781,0102-111908-1001,0005-136504-1021,				
b.Laboratiry Test:						
c.Radiology / Investigations:						
15.In Case of Hospitalization: Date of Addmission:	Date of Discharge:					
16. PRESCRIPTION WITH DOSAGE & DURATION						

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Dosage

CHEWABLE TABLETS

Duration

14

Instructions

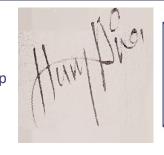
Take 1Tablet

	Code	Generic	Dosage	Duration	Instructions
		(MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS	(40S, BLISTER PACK)		per Day For others
	6445-533801-1561	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER	14	Take 1Tablet per Day For others

Date: 04-11-24(dd/mm/yy)

Physician Code DHA-P-54155530 HNM Code

Doctor's Name Humaira Signature and Stamp





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, medion 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

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Date: 04-11-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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



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