



1. HealthNet Policy Number

I038-000-
115298059-012. Authorization
Code:

2. Patient Name

VIJAYAKUMAR MARIMUTHU

3. Patient Date of Birth & Sex

30-06-75(dd/mm/yy)

☒ Male ☐
Female

Mobile No. 0553328167

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints: pc: right sided headache 1week 11/1/2024

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Migraine w/o aura, intractable, without status migrainosus, Headache, unspecified

ICD Code G43.019, R51.9

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: 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 families 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 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
0278-107902-0391	(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
2689-107001-0391	(PARACETAMOL : 500 MG) (CAFFEINE : 65 MG) FILM COATED TABLETS	FILM COATED TABLETS (72S, BLISTER)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others
1395-397601-0391	(SUMATRIPTAN (AS SUCCINATE) : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (2S, BLISTER PACK)	5	Take 1 Tablets 1 Time(s) per Day For 5 Day(s) others

Date: 16-11-24(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: 16-11-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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