

1.He	1.HealthNet Policy Number				I038-000- 118712255-01	2. Authorization Code:	
2.Patient Name					KILLUR DHANUSH KUMAR NAGESH		
3.Patient Date of Birth & Sex				(04-02-95(dd/mm/yy) ✓ Male ☐ Female		
]	Mobile No.05262	42318	
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, Acute bronchitis, unspecified, Low back pain, Nausea with vomiting, unspecified, Gastro-esophageal reflux disease without esophagitis 12.Etiology:							
13.In case of Injury:mode of Injury/place of Injury							
14.Plan / Details of Management							
a.Procedure9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),Administered intravenously,(CEFTRIAXONE (AS SODIUM) : 2 G) CPT code9.01,96365,0005-409501-0781 POWDER FOR INFUSION						665,0005-409501-0781	
b.Laboratiry Test:							
c.Radiology / Investigations:							
15.In	In Case of Hospitalization: Date of Addmission:				Date of Discharge:		
16. PRESCRIPTION WITH DOSAGE & DURATION							
	Code	Generic	Dosage	Duration	Ir	nstructions	
	No Prescriptions I	History Found					
Date: 19-11-24(dd/mm/yy) Dr. Ahsan Hussain General Practitioner DHA No: 87543658-001							
Doctor's Name AHSAN HUSSAIN SIGNATURE AND STATE OF THE S							
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: 19-11-24(dd/mm/yy) Signature of Insued / Claimint							

Copy of NGI - Pharmacy



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