1.HealthNet Policy Number	I038-000-120193927-01	2. Authorization Code:
2.Patient Name	MUHAMMAD HAMZA MUNSIF ALI	
3.Patient Date of Birth & Sex	02-04-97(dd/mm/yy)	☑ Male ☐ Female
	Mobile No.0547553911	
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		
Diagonosisi Acute upper respiratory infection, unspecified, Acute gastritis without bleeding, Cough, Fever, unspecified, Allergy, unspecified, sequela	ICD Code J06.9, K29.00, R05, R50.9, T78.40XS	
12.Etiology:		
13.In case of Injury:mode of Injury/place of Injury		
14.Plan / Details of Management		
a.Procedure Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,CEFTRIAXONE-TABUK IV,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,Administered intravenously,CHLOROHISTOL 10MG,Intramuscular injection,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	CPT code 85025,86140,0195-107704-0801,0188-135906-2441,96365,0005-111805-1021,9	

minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.,nebulization with ventoline solution

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization:
Date of Addmission: Date of Discharge:

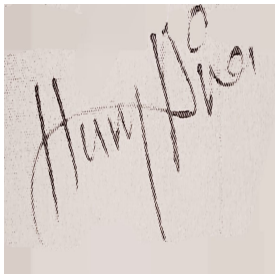
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
6445-533801-1561	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER	7	Take 1Capsu Time(s) per Day(s) other
0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	Take 10ML 3 per Day For others
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablet per Day For others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1Tablet per Day For others
0880-609601-0571	(CALAMINE : 15 G/100ML) (ZINC OXIDE : 5 G/100ML) (PHENOL : 0.5 G/100ML) (BENTONITE : 3 G/100ML) LOTION	LOTION (1S, PLASTIC BOTTLE)	5	Take 1Lotion per Day For others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablet

Date: 27-11-24(dd/mm/yy)

Signature and Stamp



Doctor's Name Humaira

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 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: 27-11-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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