1.HealthNet Policy Number I038-000-116994181-01 2. Authorization Code:

2.Patient Name VINCENT MARK ABOC MAALI

3.Patient Date of Birth & Sex 01-02-96(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0562729715

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

DiagonosisiLaceration with foreign body of other part of head, sequela ICD Code S01.82XS

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(TETANUS TOXOID : 1500 IU) INJECTION,NON-SURGICAL CLEANSING WITH SURGICAL DRESSING 16 SQ INCHES / 100 SQ CENTIMETERS OR LESS, SUTURE SIMPLE,INJ-TETANUS TOXOID,INJECTION SERVICE-IM,SICK LEAVE - 1 DHA,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 code0041-197604-0511,51.01,10009,INJ017,96372,,9

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
0009-101701-1171	(ACECLOFENAC : 100 MG TABLETS	TABLETS (20S, BLISTER PACK	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others
0397-116207-0391	(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0005-107001-0051	(CAFFEINE : 65 MG (PARACETAMOL : 500 MG CAPLETS	CAPLETS (24S, BOX	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others
6822-155302-0061	(MELOXICAM : 15 MG CAPSULES	CAPSULES (10S, BLISTER	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others

Date: 11-01-25(dd/mm/yy)

Doctor's Name SANDIA

Signature and Stamp

Dr. Sandia Bhojwani
General Practitioner
DHA No: 65900212-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-65900212 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: 11-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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