1.HealthNet Policy Number I038-000-121490872-01 2. Authorization Code:

2.Patient Name Ramesh Topwal Singh

3.Patient Date of Birth & Sex 18-07-89(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0563389038

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

follow up to discuss reports

anaemia

bacterial infection

condition improved

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified ICD Code J06.9

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) CPT code9.01

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

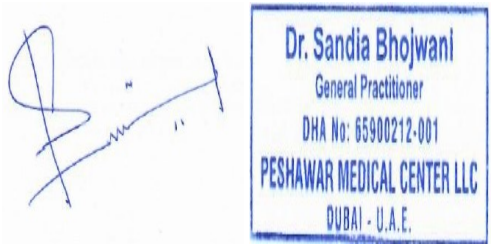
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
6506-931701-1451	(CALCIUM CARBONATE : 125 MG) (VITAMIN C (L-ASCORBIC ACID) : 85 MG) (FERROUS FUMARATE : 82.16 MG) (ZINC GLUCONATE : 69.7 MG) (VITAMIN E (DL-ALPHA TOCOPHERYL ACETATE) : 35.75 MG) (MENAQUINONE-7 : 30 MG) (NICOTINAMIDE : 20 MG) (POTASSIUM IODIDE : 19.6 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 12.16 MG) (PANTOTHENIC ACID (AS D-CALCIUM PANTOTHENATE) : 10.87 MG) (CHOLECALCIFEROL : 4 MG) (THIAMINE HYDROCHLORIDE : 3.36 MG) (CUPRIC CITRATE (COPPER) : 2.84 MG) (RIBOFLAVINE (VITAMIN B2) : 2 MG) (PTEROYLMONOG	CAPSULES (HARD GELATIN) (30S, BLISTER)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

Date: 13-01-25(dd/mm/yy)

Doctor's Name SANDIA

Signature and Stamp



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: 13-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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