1.HealthNet Policy Number	I038-000-121624734-01 2. Authorization Code:
2.Patient Name	ILHAM EL ARFAOUI
3.Patient Date of Birth & Sex	26-03-02(dd/mm/yy) ☐ Male ☑ Female
	Mobile No.0562957590
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency
6.Are You the patient's primary physician	☐ Yes ☐ No
7.Presenting Complaints:	
pc : fever sorethroat , bpdypain, headache 3 days	
no other med conditions	
o/e hyperemia pharynx	
chest clear	
8.Duration of Symptoms:	
9.Onset of Condition:	
10.Relevent Past Medical/Surfgical History	
DiagonosisiAcute upper respiratory infection, unspecified, Acute pharyngitis, unspecified	ICD Code J06.9, J02.9
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, (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(CEFTRIAXONE : 0.5 G) POWDER FOR INJECTION,Administered intravenously,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 code 85025,0011-106618-1001,0005-107705-0805,96365,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

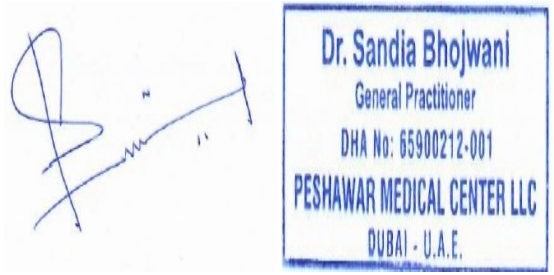
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1Tablets 3Time(s) perDay For 6 Day(s) others
1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) evening
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	6	Take 1Tablets 1Time(s) perDay For 6 Day(s) evening
0397-116207-0391	(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	6	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others

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

Signature and Stamp



Doctor's Name SANDIA

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

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HealthNet