1.HealthNet Policy Number I038-000-120183374-01 2. Authorization Code:

2.Patient Name VESH BAHADUR GURUNG

3.Patient Date of Birth & Sex 12-11-00(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0562562509

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

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

7.Presenting Complaints:

pc : fever low grtade ,dry cough , headache , chest pain for 1 week

no other med conditions

o/e

dry oral mucosa

pharynx hyperemia

chest: wheezing

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Cough variant asthma ICD Code J06.9, J45.991

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,nebulization with ventoline solution,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 code85025,0188-135906-2441,94640,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

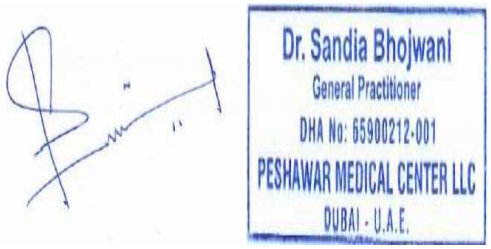
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0188-272103-0791	(BUDESONIDE : 160 MCG) (FORMOTEROL FUMARATE : 4.5 MCG) POWDER FOR INHALATION	POWDER FOR INHALATION (120 DOSE, METERED DOSE INHALER)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
2713-644102-0581	(MENTHOL : 7 MG) (ZINGIBER OFFICINALE : 10 MG) (EMBLICA OFFICINALIS : 10 MG) (GLYCYRRHIZA GLABRA : 15 MG) LOZENGES	LOZENGES (24S, BLISTER)	7	Take 1Tablets 3 Time(s) per Day For 7 Day(s) others
0837-277601-1161	(OXOMEMAZINE : 0.33 MG/ML) SYRUP	SYRUP (150ML, PLASTIC BOTTLE)	10	Take 1Tablets 3 Time(s) per Day For 10 Day(s) others
3114-143102-1171	(CEFPODOXIME (AS PROXETIL : 200 MG TABLETS	TABLETS (10S, BLISTER	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others

Date: 14-01-25(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: 14-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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