1.HealthNet Policy Number	I038-000-119576667-01 2. Authorization Code:
2.Patient Name	SALAH UDDIN SAEED AHMED
3.Patient Date of Birth & Sex	07-03-02(dd/mm/yy) ☑ Male ☐ Female
	Mobile No.0527396496
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency
6.Are You the patient's primary physician	☐ Yes ☐ No

7.Presenting Complaints:

pc : dizziness ,fever ,abdominal pain ,, for many days loose motions not stopped

hx of panic attacks

iritable bowels

priously crp 140

current crp is 5.34

o/e

tachycardia

pharnyx hyperemia

chest clear

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute gastritis without bleeding, Fever, unspecified, Irritable bowel syndrome with diarrhea	ICD Code K29.00, R50.9, K58.0

12.Etiology:

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

14.Plan / Details of Management

a.Procedure LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,Triiodothyronine T3 Free,Thyroid Stimulating Hormone Tsh,Administered intravenously,Office consultation for a new or established patient, which requires these 3	CPT code 0102-152902-1001,84481,84443,96365,9

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.

b.Laboratiry Test:

c.Radiology / Investigations:

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

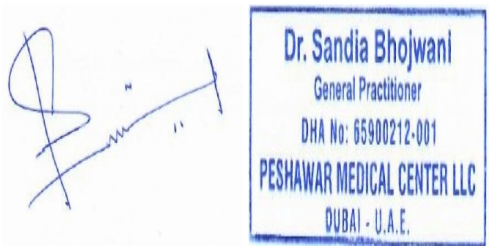
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0248-187801-1171	(DILOXANIDE FUROATE : 250 MG (METRONIDAZOLE : 200 MG TABLETS	TABLETS (20S, BLISTER PACK	2	Take 1Tablets 1 Time(s) per Day For 2 Day(s) others
0005-119805-1171	(PREDNISOLONE : 5 MG TABLETS	TABLETS (1000S, BLISTER PACK	15	Take 1Tablets 1 Time(s) per Day For 15 Day(s) others
2150-575201-1171	(CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) TABLETS	TABLETS (30S, BOX)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

Date: 15-01-25(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: 15-01-25(dd/mm/yy) Signature of Insued / Claimint

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