| | |
|---|---|
| 1.HealthNet Policy Number | I038-000-120183375-01 |
| 2. Authorization Code: | |
| 2.Patient Name | JEROME JOSEPH CHITTILAPALLY ANTONY |
| 3.Patient Date of Birth & Sex | 17-08-91(dd/mm/yy) ☑ Male ☐ Female |
| Mobile No. | 0562280683 |
| 5.Nature of illness or Injury | ☐ Acute ☐ Chronic ☐ Emergency |
| 6.Are You the patient's primary physician | ☐ Yes ☐ No |

7.Presenting Complaints:

PC : CHEST PAIN LEFT SIDED, ASSOCIATED WITH NAUSEA FOR 2 DAYS

palpitations 1 day

BP IS ELEVATED

SMOKES TOBACOO

NO OTHER MED CONDITIONS

O/E LOOK IRRITABLE

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Elevated blood-pressure reading, w/o diagnosis of htn, Chest pain, unspecified, Angina pectoris, unspecified

ICD Code R03.0, R07.9, I20.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection),Blood Count Complete Auto&Auto Difrntl Wbc Count,GP repeat visit for OP Consultation refers to week 2, 3 & 4 from the date of initial consultation for same illness in OPD.,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.,Lipid Panel

CPT code 93225,85025,9.02,9,80061

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 |
|---|---|---|---|---|
| 4423-124205-2291 | (ASPIRIN : 300 MG SOLUBLE TABLETS | SOLUBLE TABLETS (30S, BLISTER PACK | 1 | Take 1Tablets 1 Time(s) per Day For 1 Day(s) others |
| 0201-124202-0341 | (ASPIRIN : 75 MG ENTERIC COATED TABLETS | ENTERIC COATED TABLETS (56S, BLISTER PACK | 10 | Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal |

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 6616-533801-1751 | (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG GASTRO-RESISTANT TABLETS | GASTRO-RESISTANT TABLETS (14S, BLISTER | 10 | Take 1Tablets 1 Time(s) per Day For 10 Day(s) morning empty stomach |
| 0188-130103-0391 | (PROPRANOLOL HCL : 10 MG FILM COATED TABLETS | FILM COATED TABLETS (1000S, PLASTIC BOTTLE | 10 | Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal |

Date: 19-01-25(dd/mm/yy)

Signature and Stamp

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Doctor's Name DR Amaizah

Physician Code DHA-P-98486553-001 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: 19-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet