1.HealthNet Policy Number	I038-000-121811645-01	2. Authorization Code:
2.Patient Name	MUHAMMAD MUSA	
3.Patient Date of Birth & Sex	23-10-19(dd/mm/yy)	☑ Male ☐ Female
	Mobile No.0523723000	
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency	
6.Are You the patient's primary physician	☐ Yes ☐ No	

7.Presenting Complaints:

C/O:

fever - 2 days

cough - 2 days

runny nose

On exam:

febrile child

throat: congested and hyperemic

CNS: intact GCS 15/15

CVS: S1+S2+ no murmur

Chest: clear bilaterally

Abdomen: soft, non tender, no visceromegaly

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiFever, unspecified, Acute upper respiratory infection, unspecified, Allergic rhinitis, unspecified	ICD Code R50.9, J06.9, J30.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedurePARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,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	CPT code2190-106618-1001,0002-111908-1001,0384-100104-1002,96365,9,0102-100104-1001

limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.,(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION

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
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	5	Take 10ML 1 Time(s) per Day For 5 Day(s) evening
0027-265802-1161	(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	3	Take 5ML 2 Time(s) per Day For 3 Day(s) after meal
0219-142903-0851	(CEFIXIME : 100 MG/5ML POWDER FOR SUSPENSION	POWDER FOR SUSPENSION (30ML, GLASS BOTTLE + GRADUATED SPOON	2	Take 5Syrup 1Time(s) perDay For 2 Day(s) after meal
0006-106607-1161	(PARACETAMOL : 240 MG/5ML SYRUP	SYRUP (100ML, GLASS BOTTLE	3	Take 6ML 4 Time(s) per Day For 3 Day(s) after meal

Date: 26-01-25(dd/mm/yy)

Signature and Stamp

Dr. Sandia Bhojwani
General Practitioner
DHA No: 65900212-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 26-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet