1.HealthNet Policy Number I038-000-118712256-01 2. Authorizati Code:

2.Patient Name LIAQAT ALI KHAN MOMIN KHA

3.Patient Date of Birth & Sex 01-01-92(dd/mm/yy) ☑ Fem

Mobile No.0555970161

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

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

7.Presenting Complaints:

pc : epigastric pain , nausea ,

tested p[ositive for h pylori not completed the course

also complains of joint pain

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Helicobacter pylori as the cause of diseases classd elswhr, Acute gastritis without bleeding ICD Code B96.81, K29.00

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Blood Smear Peripheral Interp Phys W/Writ Report,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.,CLOFEN ,Intramuscular injection

CPT code85060,9,0005-1499(1021,96372

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

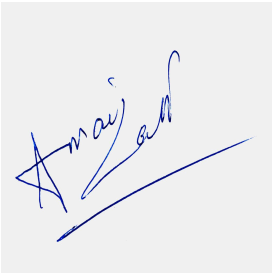
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0186-143702-0061	(CELECOXIB : 100 MG) CAPSULES	CAPSULES (20S, BLISTER PACK)	3	Take 1Tablets 1 Tim Day For 3 Day(s) aft
2150-575201-1171	(CALCIUM : 400 MG (VITAMIN D3 : 200 IU (MAGNESIUM : 100 MG (ZINC : 4 MG TABLETS	TABLETS (30S, BOX	30	Take 1Tablets 1 Tim Day For 30 Day(s) a
1217-373201-	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER	3	Take 1Tablets 1 Tim Day For 3 Day(s) aft

Code	Generic	Dosage	Duration	Instructions
2401		PACK)		
0435-189401-1112	(CALCIUM CARBONATE : N/A) (SODIUM BICARBONATE : N/A) (SODIUM ALGINATE : N/A) SUSPENSION	SUSPENSION (300ML, GLASS BOTTLE)	14	Take 1Syrup 1 Time For 14 Day(s) after
6445-242802-1752	(PANTOPRAZOLE (AS SODIUM : 40 MG GASTRO-RESISTANT TABLETS	GASTRO-RESISTANT TABLETS (30S, BLISTER	14	Take 1Tablets 1 Tim Day For 14 Day(s) n empty stomach
0195-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	14	Take 1Tablets 1 Tim Day For 14 Day(s) o
0219-148602-0391	(CLARITHROMYCIN : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK	14	Take 1Tablets 1 Tim Day For 14 Day(s) o

Date: 27-01-25(dd/mm/yy)

Signature and Stamp



Doctor's Name DR Amaizah

Physician Code DHA-P-98486553 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 me examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other pe provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, med 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: 27-01-25(dd/mm/yy) Signature of Insued / Claimint

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