1.HealthNet Policy Number	I038-000-118933627-01 2. Authorizati Code:
2.Patient Name	MOUNIR BENDAD
3.Patient Date of Birth & Sex	23-01-84(dd/mm/yy) ☑ I Fem
	Mobile No.0522213325
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Eme
6.Are You the patient's primary physician	☐ Yes ☐ No

7.Presenting Complaints:

pt complains of sore throat, itchiness and sputum since 2 days

feverish since yesterday

bodypain

cough since 2 days

on exam chest is clear

throat i inflamed

pt looks dehydrated

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Fever, unspecified, Cough, Acute pharyngitis, unspecified, Pain in throat, Dehydration	ICD Code J06.9, R50.9, R05, J0 E86.0

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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.,C-Reactive Protein,Blood Count Complete Auto&Auto Difrntl Wbc Count,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,LACTATED RINGERS INJECTION USP,Administered intravenously	CPT code9,86140,85025,2190 1001,0102-152902-1001,96365

b.Laboratiry Test:

c.Radiology / Investigations:

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

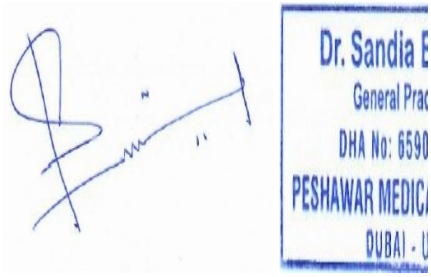
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0139-116207-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Tim Day For 5 Day(s) otl
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	5	Take 1Tablets 2 Tim Day For 5 Day(s) otl
2027-560101-0391	(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (32S, BLISTER	5	Take 1Tablets 2 Tim Day For 5 Day(s) otl
1144-253101-1162	(HEDERA HELIX (IVY) : 7MG/ML) SYRUP	SYRUP (200ML, GLASS BOTTLE)	10	Take 1Tablets 2 Tim Day For 10 Day(s) o

Date: 02-02-25(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 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: 02-02-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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