1.HealthNet Policy Number I038-000-118379043-01 2. Authorizatio Code:

2.Patient Name AJIT SINGH DAULAT SINGH

3.Patient Date of Birth & Sex 23-07-91(dd/mm/yy) ☑ M Fema

Mobile No.0504994623

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

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

7.Presenting Complaints:

PATIENT CAME WITH FEVER BODY PAIN AND THROAT PAIN

COMPLAIN OF HEARTBURN

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Heartburn, Acute gastritis without bleeding, Fever, unspecified, Cough ICD Code R12, K29.00, R50.9, R0

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Intramuscular injection,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,Administered intravenously,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,RISEK 40MG-(OMEPRAZOLE : 40 MG) POWDER FOR INFUSION,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.

CPT code 85025,86140,96372,00 1021,2190-106618-1001,96365,0 2441,0005-174202-0781,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

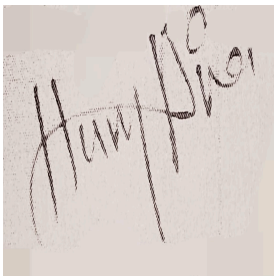
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0270-189301-0081	(ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS	CHEWABLE TABLETS (12S, BOX)	5	Take 1Tablets 2 per Day For 5 D others
0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	5	Take 1Syrup 2 T Day For 5 Day(s

Code	Generic	Dosage	Duration	Instructions
6445-533801-1561	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER	7	Take 1Tablets 2 per Day For 7 D others BEFORE
0006-106601-0393	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	5	Take 1Tablets 3 per Day For 5 D others

Date: 03-03-25(dd/mm/yy)

Signature and Stamp



Doctor's Name Humaira

Physician Code DHA-P-54155530 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: 03-03-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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