1.HealthNet Policy Number 103-303-0010400701-01 2. Authorization Code:

2.Patient Name EKLAVYA SHARMA

3.Patient Date of Birth & Sex 05-09-23(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0547039010

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

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

7.Presenting Complaints:

C/O:

- cough , flu - 1 day

- fever - yesterday

history of febrile fits at 12 months of age.

on exam:

runny nose, congested cough

chest : crepitations

throat: hyperemic.

abdomen: soft, non tender

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Fever, unspecified, Allergic rhinitis, unspecified ICD Code J06.9, R50.9, J30.9

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. CPT code9

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
7345-001901-1161	(MENTHA PIPERITA : 3MG / 5ML) (KANTAKARI (SOLANUM XANTHOCARPUM) : 165MG/5ML) (TURMERIC (CURCUMA LONGA) : 75MG/5ML) (PIPER NIGRUM : 165MG/5ML) (AMMONIUM CHLORIDE : 35 MG/5ML) (ADHATODA VASICA : 400 MG/5ML) (VIOLA ODORATA : 50 MG/5ML) (ZEDOARY (CURCUMA ZEDOARIA) : 50 MG/5ML) (GLYCYRRHIZA GLABRA : 75MG/5ML) (HONEY : 2000MG/5ML) (TULSI (OCIMUM	SYRUP (100ML, BOTTLE)	3	Take 3ML 2 Time(s) per Day For 3 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
	SANCTUM) : 75MG/5ML) (PIPPALI (PIPER LONGUM) : 165MG/5ML) (ZINGIBER OFFICINALE : 165MG/5ML) SYRUP			
1285-164503-3022	(DIAZEPAM : 5 MG/2.5ML) RECTAL SOLUTION	RECTAL SOLUTION (2.5ML X 5, TUBE)	1	Take 1 Unit(s), 1 Time(s) per Day For 1 Day(s)
0252-106615-2231	(PARACETAMOL : 100 MG) RECTAL SUPPOSITORIES	RECTAL SUPPOSITORIES (10S, STRIP)	3	Take 1Suppository 1 Time(s) per Day , in case of high grade fever >39'c
6396-925801-3851	(SEA WATER (SODIUM CHLORIDE) : 0.9% (28 ML / 100 ML)) NASAL SPRAY	NASAL SPRAY (100ML, SPRAY BOTTLE)	3	Take 3ML 4 Time(s) per Day For 3 Day(s) before meal
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	5	Take 3ML 1 Time(s) per Day For 5 Day(s) evening
0006-106607-1161	(PARACETAMOL : 240 MG/5ML) SYRUP	SYRUP (100ML, GLASS BOTTLE)	3	Take 4ML 3 Time(s) per Day For 3 Day(s) after meal

Date: 18-04-25(dd/mm/yy)

Signature and Stamp

Dr. Bushra Mufti
General practitioner
DHA: 75646242-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Doctor's Name Dr Bushra

Physician Code DHA-P-75646242 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: 18-04-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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HealthNet