



1. HealthNet Policy Number

I038-000-  
117253227-01

2. Authorization  
Code:

2. Patient Name

IHSSANE YAALA

3. Patient Date of Birth & Sex

07-11-98(dd/mm/yy)

☐ Male ☒ Female

Mobile No. 0501543860

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

pt came with severe epigastric pain with cramps for the last half and hr after taking dinner

pain intensity is 7/10 .it is accompanied with nausea

she also has fever

oe epigastric tenderness no organomegaly

she look pale and dehydrated

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Epigastric pain, Acute gastritis without bleeding, Nausea, Fever, unspecified, Pain, unspecified, Dehydration

ICD Code R10.13, K29.00, R11.0, R50.9, R52, E86.0

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: SCOPINAL, PREMOSAN, RISEK 40MG, PARAFUSIV I.V. 10MG/ML- (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, LACTATED RINGERS INJECTION USP, INJECTION SERVICE-IM, INJECTION SERVICE-IV, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION, RISEK 40MG- (OMEPRazole : 40 MG) POWDER FOR INFUSION, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, LACTATED RINGER'S INJECTION USP, Intramuscular injection, 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 family's 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 0005-136504-1021, 0005-150403-1021, 0005-174202-0781, 2190-106618-1001, 0439-152905-1001, 96372, 96374, 96365, 0005-136504-1021, 0005-174202-0781, 0005-150403-1021, 2190-106618-1001, 0439-152905-1001, 96372, 96365, 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

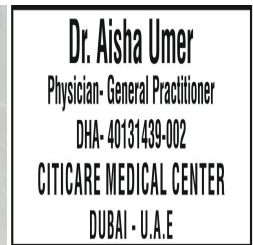
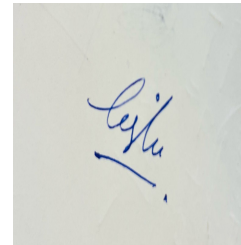
**PRESCRIPTION WITH DOSAGE & DURATION**

| Code                           | Generic | Dosage | Duration | Instructions |
|--------------------------------|---------|--------|----------|--------------|
| No Prescriptions History Found |         |        |          |              |

Date: 04-05-25(dd/mm/yy)

Doctor's Name AISHA

Signature and Stamp



Physician Code DHA-P-40131439 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: 04-05-25(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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