



1. HealthNet Policy Number

I038-000-
118710432-012. Authorization
Code:

2. Patient Name

PIR AFAQ SHAH FAROOQ SHAH

3. Patient Date of Birth & Sex

18-04-91(dd/mm/yy) ☒ Male ☐ Female

Mobile No. 0581243550

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

pc : sore throat , bodypain , whic is severe 08 on pain scale headache , and cough which is productive associatd with fever started 12/05/25

took panadol not improved

oral intake is reduced due to difficulty in swallowing leading to dehydration

o/e : look irritable due to fever , pale , lethargic and dehydrated

hyperemic pharynx tonsils are enlarged and swollen with pus points

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute tonsillitis, unspecified, Cough, Fever, unspecified, Wheezing, Dehydration

ICD Code J03.90, R05, R50.9, R06.2, E86.0

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: 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 families 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. CEFTRIAXONE-TABUK IV, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, Blood Count Complete Auto&Auto Diffrntl Wbc Count, C-Reactive Protein, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, CHLOROHISTOL 10MG, Intramuscular injection, LACTATED RINGER'S INJECTION USP, nebulization with ventoline solution, PULMICORT

CPT code 9,0195-107704-0801, 2190-106618-1001, 85025, 86140, 0125-122107-1022, 0005-111805-1021, 96372, 0439-152905-1001, 94640, 0188-135906-2441

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

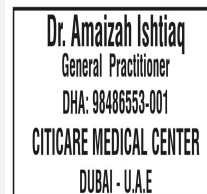
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0188-135907-2441	(BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	2	Take 1 Solution 1 Time(s) per Day For 2 Day(s) after meal
0005-116801-1162	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (5ML X 20, SACHET)	5	Take 10ML 2 Time(s) per Day For 5 Day(s) after meal
2027-719101-0392	(PARACETAMOL : 500 MG) (IBUPROFEN : 150 MG) (PHENYLEPHRINE HCL : 2.5 MG) FILM COATED TABLETS	FILM COATED TABLETS (50S, BLISTER)	3	Take 1 Tablets 2 Time(s) per Day For 3 Day(s) after meal
0397-116207-0391	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	7	Take 1 Tablets 2 Time(s) per Day For 7 Day(s) after meal

Date: 16-05-25(dd/mm/yy)

Doctor's Name DR Amaizah

Signature and Stamp



Physician Code DHA-P-98486553 HNM Code

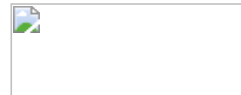
Authorization

I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above 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: 16-05-25(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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