

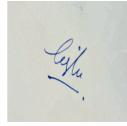
1.HealthNet Policy Number	1038-000- 121782138-01	Author Code:	ization
2.Patient Name	SHWE WAH WIN		
3.Patient Date of Birth & Sex	10-10-96(dd/mr	n/yy)	☐ Male <a> Female
	Mobile No.0565	623588	
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency		
6.Are You the patient's primary physician	☐ Yes ☐ No		
7.Presenting Complaints:			
pt came with itching and rashes through out the body			
8.Duration of Symptoms:			
9.Onset of Condition:			
10.Relevent Past Medical/Surfgical History			
DiagonosisiAllergy, unspecified, sequela, Rash and other nonspecific skin eruption	ICD Code T78.40	XS, R21	
12.Etiology:			
13.In case of Injury:mode of Injury/place of Injury			
14.Plan / Details of Management			
a.ProcedureAllergen Specific Ige Quan/Semiquan Ea Allergen,(DEXAMETHASONE: 4 MG/ML) SOLUTION FOR INJECTION,CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE: 10 MG/ML) SOLUTION FOR INJECTION,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 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 code86003, 111805-1021,963		
b.Laboratiry Test:			
c.Radiology / Investigations:			
15.In Case of Hospitalization: Date of Addmission:	Date of Dischar	ge:	
16. PRESCRIPTION WITH DOSAGE & DURATION			

PRESCRIPTION WITH DOSAGE & DURATION						
Code	Generic	Dosage	Duration	Instructions		
0220-137301- 2571	(CALAMINE : N/A) TOPICAL LOTION	TOPICAL LOTION (100ML, BOTTLE)	10	Take 1Lotion 2 Time(s) per Day For 10 Day(s) others		
0005-119803- 1171	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) others		
0320-148701- 1171	(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others		

Date: 17-05-25(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: 17-05-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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



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