

1.HealthNet Policy Number	1038-000- 122692642-01	2. Author Code:	rization
2.Patient Name	NILIMA MANDAL DEVENDRA NATH MANDAL		
3.Patient Date of Birth & Sex	16-07-89(dd/m	m/yy)	☐ Male <a> Female
5.Nature of illness or Injury 6.Are You the patient's primary physician 7.Presenting Complaints:	Mobile No.+918240375676 ☐ Acute ☐ Chronic ☐ Emergency ☐ Yes ☐ No		
the patient came complaining of delated and disturbed menstruation since the last	3 months		
she describes it in the form of irregular slow rate with few blood coming out			
by abdominal ultrasound the uterus appeared bulky with irregular endometrial out	line		
by transvaginal ultrasound the endometrium shows small polyps with no other ade	nxal masses or	significa	ant pathology
the size of the ovary is quite small			
the BMI is lower than normal			
8. Duration of Symptoms: 9. Onset of Condition:			
10.Relevent Past Medical/Surfgical History	ICD Code No.	NO4 2	
DiagonosisiAbnormal uterine and vaginal bleeding, unspecified, Amenorrhea, unspecified 12. Etiology:	ICD Code N93.9	9, N91.2	
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: An expanded problem focused history; An expanded 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 of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.,MALE PACKAGE (LH, FSH, PROLACTIN, TSH, Testosterone),Ultrasound, abdominal, real time with image documentation; complete,Office consultation for a new or established patient, which requires these 3 key	CPT code10,15	54545,76	5700,10
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b.Laboratiry Test:			
c.Radiology / Investigations:			

Date of D	ischarge:
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Code Generic Dosage Duration Instructions

1291- (DYDROGESTERONE : 10 MG) FILM TO901-0391 COATED TABLETS (20S, BLISTER PACK)

10 Take 1Tablets 2 Time(s) per Day For 10 Day(s) others

15.In Case of Hospitalization: Date of Addmission:

16.

Date: 30-05-25(dd/mm/yy)

Signature and Stamp

Doctor's Name MOHAMMED M HAMED





Physician Code DHA-P-75385955 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

30-05-25(dd/mm/yy) Signature of Insued / Claimint Date:

Copy of NGI - Pharmacy

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



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