1.HealthNet Policy Number 102-105-0004320901-01 2. Authorization Code:

2.Patient Name ADARSH BABY NAIR SURESH

3.Patient Date of Birth & Sex 03-06-92(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0509457303

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

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

7.Presenting Complaints:

PC fever,headache,running nose,cough,sorethroat

HOPC Pt presented with complaints of fever,running nose,headache,sorethroat,nose block since yesterday

Pt had similar symptoms one week back

Nil comorbs

No history of drug allergy

O\E Chest clear

Tonsils erythematous

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAllergic rhinitis, unspecified, Pain in throat, Acute pharyngitis, unspecified, Acute gastritis without bleeding, Headache, unspecified ICD Code J30.9, R07.0, J02.9, K29.00, R51.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,Administered intravenously,Intramuscular injection,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 code0005-111805-1021,2190-106618-1001,96365,96372,9

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
4066-108101-0391	(DESLORATADINE : 5 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others

Code	Generic	Dosage	Duration	Instructions
6619-819901-1171	(AZITHROMYCIN DIHYDRATE : 500 MG) TABLETS	TABLETS (3S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others
0005-114501-2481	(AMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (100ML, GLASS BOTTLE)	3	Take 5Syrup 3 Time(s) per Day For 3 Day(s) others
0788-368201-0391	(PHENYLEPHRINE : 5MG) (GUAIFENESIN : 100 MG) (PARACETAMOL : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	3	Take 1Tablets 3 Time(s) per Day For 3 Day(s) others
0027-296201-1971	(XYLOMETAZOLINE HCL (MENTHOL) : 0.1%) LIQUID FOR SPRAY (NASAL)	LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE)	5	Take 1Drops 1 Time(s) per Day For 5 Day(s) others

Date: 17-07-25(dd/mm/yy)

Signature and Stamp

د. كيرثانا راني بادبيورايل ثارا
Dr. Keerthana Rani Padippurayil Thara
General Practitioner
License No.: 37864046-001
مركز سيتيكير الطبي ذ م م
CITICARE MEDICAL CENTER LLC

Doctor's Name KEERTHANA

Physician Code DHA-P-37864046 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: 17-07-25(dd/mm/yy) Signature of Insued / Claimint

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