1.HealthNet Policy Number: I038-000-117567896-01 2. Authorization Code:

2.Patient Name: YOUSSEF ABLOU

3.Patient Date of Birth & Sex: 10-04-94(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0502963602

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

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

7.Presenting Complaints:

c/o abdominal discomfort since yesterday

gastritis+

nausea+

diziness because he did not have food since today morning

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute gastritis with bleeding, Nausea, Dizziness and giddiness ICD Code K29.01, R11.0, R42

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureGp Consultation,PANTONIX 40MG I.V.,PREMOSAN - (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,5% W/V DEXTROSE 0.45% & W/V SODIUM CHLORIDE,SICK LEAVE - 1 DHA CPT code9,0005-242802-0781,0005-150403-1021,2849-100143-0991,

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
2321-378103-1171	(METOCLOPRAMIDE HCL : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
0031-168201-0391	(DOMPERIDONE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal
2104-242802-0341	(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (14S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s)30 minutes before meal

Date: 20-10-23(dd/mm/yy)

Doctor's Name Sajid Sanaullah

Signature and Stamp

Physician Code DHA-P-5758224 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: 20-10-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet