1.HealthNet Policy Number I038-000-115298005-01 2. Authorization Code:

2.Patient Name Imane Bartote

3.Patient Date of Birth & Sex 07-12-94(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0545572088

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

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

7.Presenting Complaints:

c/o pain in left hand after fall at home

O/E joint movements normal

mild swelling and tenderness on left 5th metacarple

acidity

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiPain in left hand, Localized swelling, mass and lump, left upper limb, Acute gastritis with bleeding ICD Code M79.642, R22.32, K29.01

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureGp Consultation,Gp Consultation,Gp Consultation CPT code9,9,9

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
0541-180401-0431	(KETOPROFEN : 2.5%) GEL	GEL (50G, PLASTIC DISPENSER)	1	Take 1Ointment 3Time(s) perDay For 1 Day(s) Select Any
0137-242802-0341	(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (15S, BLISTER)	15	Take 1Tablets 1 Time(s) per Day For 15 Day(s) 30 min before meal
0195-149907-0612	(DICLOFENAC SODIUM : 75 MG) MODIFIED RELEASE CAPSULES	MODIFIED RELEASE CAPSULES (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal

Date: 21-10-23(dd/mm/yy)

Signature and Stamp

Doctor's Name Sajid Sanaullah

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: 21-10-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet