

| 1 HealthNet Policy Number | 1038-000- | 2. Authori | ization |
|--|--------------------------|------------|------------------------|
| | 119995796-01 | Code: | |
| 2.Patient Name | EMELIE SABLAYAN | N DELA CI | RUZ |
| 3.Patient Date of Birth & Sex | 20-01-74(dd/mn | n/yy) | ☐ Male <a>✓ Female |
| | Mobile No.0585 | 202276 | |
| 5.Nature of illness or Injury | ☐ Acute ☐ Chr | onic 🗆 | Emergency |
| 6.Are You the patient's primary physician | ☐ Yes ☐ No | | |
| 7.Presenting Complaints:Severe cough and sore throat since four days started on 2 block also is there | 3/10/2023 seve | re head | ache and nasa |
| 8.Duration of Symptoms: | | | |
| 9.Onset of Condition: | | | |
| 10.Relevent Past Medical/Surfgical History | | | |
| | ICD Code J02.9, E53.9 | J01.00, J2 | 20.9, R09.81, |
| 12.Etiology: | | | |
| 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: 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 code9 | | |
| b.Laboratiry Test: | | | |
| c.Radiology / Investigations: | | | |
| 15.In Case of Hospitalization: Date of Addmission: | Date of Dischar | ge: | |

| 16. | |
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| PRESCRIPTION WITH DOSAGE & DURATION | | | | | | |
|-------------------------------------|--|--|----------|--|--|--|
| Code | Generic | Dosage | Duration | Instructions | | |
| 5254- 830602- 2401 | (VITAMIN B1 (THIAMINE) : 100 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 200 MG) (VITAMIN B12 (CYANOCOBALAMIN) : 200 MCG) SUGAR COATED TABLETS | SUGAR COATED TABLETS (30S, BLISTER) | 30 | Take 1Tablets 1 Time(s) per Day For 30 Day(s) others | | |
| 0027- 128802- 1971 | (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL) | LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE) | 7 | Take 1Puff 3 Time(s) per Day For 7 Day(s) others | | |
| 0005- 116801- 1161 | (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP | SYRUP (120ML, BOTTLE) | 7 | Take 5ML 3 Time(s) per Day For 7 Day(s) others | | |
| 0788- 106705- 1171 | (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS | TABLETS (24S, BLISTER PACK) | 6 | Take 1Tablets 4 Time(s) per Day For 6 Day(s) others | | |
| 0097- 116207- | (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, | 7 | Take 1Tablets 2 Time(s) per Day For 7 | | |

| Code | Generic | Dosage | Duration | Instructions |
|------|---------|---------------|----------|---------------|
| 0391 | | BLISTER PACK) | | Day(s) others |

Date: 27-10-23(dd/mm/yy)

Doctor's Name Sajid Sanaullah Signature and Stamp



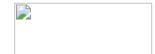


Physician Code DHA-P-5758224 HNM Code

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



27-10-23(dd/mm/yy) Signature of Insued / Claimint Date:

Copy of NGI - Pharmacy

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

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