1.HealthNet Policy Number I038-000-119655707-01 2. Authorization Code:

2.Patient Name NESRINE SADOUN

3.Patient Date of Birth & Sex 08-11-97(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0552876966

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

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

7.Presenting Complaints:severe redness and itching in all over the body and extremities since three days started on 24/10/2023

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisInsect bite (nonvenomous) of abdominal wall, init encntr, Insect bite (nonvenomous) of right shoulder, init encntr, Allergy, unspecified, initial encounter ICD Code S30.861A, S40.261A, T78.40XA

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureDEXAMETHASONE SODIUM PHOSPHATE,CHLOROHISTOL 10MG,INJECTION SERVICE-IM,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 code0125-122107-1022,0005-111805-1021,96372,9

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
0006-132101-0651	(BETAMETHASONE : 0.00122) (CLIOQUINOL : 3%) OINTMENT	OINTMENT (30G, TUBE)	7	Take 1Ointment 3 Time(s) per Day For 7 Day(s) others
0205-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) others
0220-137301-2571	(CALAMINE : N/A) TOPICAL LOTION	TOPICAL LOTION (100ML, BOTTLE)	10	Take 1Tablets 3 Time(s) per Day For 10 Day(s) others

Date: 28-10-23(dd/mm/yy)

Signature and Stamp

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 28-10-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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