1.HealthNet Policy Number: I038-000-117646756-01 2. Authorization Code:

2.Patient Name: OLORUNDA EHINMISAN

3.Patient Date of Birth & Sex: 02-12-80(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0557587359

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

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

7.Presenting Complaints:

patient having loss of apetite

patient had flu last week

after that he got this problem

also complaints of loose stools.3 episodes a day.no h/o blood in stools

no h/o burning micturition,abdominal pain,vomiting,nausea,fever,

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiBacterial infection, unspecified, Anorexia, Diarrhea, unspecified, Acute gastritis without bleeding, Postviral fatigue syndrome ICD Code A49.9, R63.0, R19.7, K29.00, G93.3

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureAlbumin Urine Microalbumin Quantiative,Culture Bacterial Quanttative Colony Count Urine,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 code82043,87086,9

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

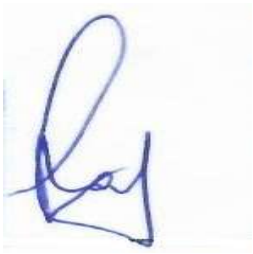
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0137-242802-0341	(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (15S, BLISTER)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) before meal

Code	Generic	Dosage	Duration	Instructions
1504-575601-3621	(ASCORBIC ACID (VITAMIN C) : 120 MG) (VITAMIN D : 400 IU) (VITAMIN E : 30 IU) (THIAMINE (VITAMIN B1) : 1.8 MG) (RIBOFLAVINE (VITAMIN B2) : 1.7 MG) (NIACIN (VITAMIN B3; NICOTINIC ACID) : 20 MG) (PYRIDOXINE (VITAMIN B6) : 2.6 MG) (FOLIC ACID : 800 MCG) (VITAMIN B12 : 8 MCG) (IRON (AS FERROUS FUMARATE) : 28 MG) (ZINC : 25 MG) (DHA (DOCOSAHEXAENOIC ACID) : 200 MG) TABLET + SOFTGEL	TABLET + SOFTGEL (30 + 30, PLASTIC BOTTLE)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) after meal

Date: 30-10-23(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: 30-10-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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