



1.HealthNet Policy Number

I038-000-
115298022-012.
Authorization
Code:

2.Patient Name

MOHAMED SAAD ABDELKAWY MOHAMED

3.Patient Date of Birth & Sex

21-11-81(dd/mm/yy)

☒ Male ☐
Female

Mobile No.0502385270

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:c/o shortness of breath

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Acute upper respiratory infection, unspecified, Cough, Pain, unspecified, Nasal congestion, Other allergic rhinitis, Acute pharyngitis, unspecified, Acute tonsillitis, unspecified, Pain in throat, Acute gastritis without bleeding, Wheezing, Dyspnea, unspecified, Shortness of breath

ICD Code J06.9, R05, R52, R09.81, J30.89, J02.9, J03.90, R07.0, K29.00, R06.2, R06.00, R06.02

12.Etiology:

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

14.Plan / Details of Management

a.Procedure: nebulization with ventoline solution, (BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, 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 family's 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 code 94640, 0188-135906-2441, 9

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0137-242801-0341	(PANTOPRAZOLE (AS SODIUM) : 20 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (15S, BLISTER)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) after meal
0097-116207-0392	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) after meal
0067-116705-1161	(DIPHENHYDRAMINE : 14 MG/5 ML) SYRUP	SYRUP (125ML, GLASS BOTTLE)	5	Take 10ML 3 Time(s) per Day For 5 Day(s) others
2027-560101-0391	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (32S, BLISTER)	8	Take 1 Tablets 2 Time(s) per Day For 8 Day(s) after meal

Date: 04-11-23(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: 04-11-23(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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