1.HealthNet Policy Number I038-000-115438108-01 2. Authorization Code:

2.Patient Name PATRICK KOJO NKANSAH

3.Patient Date of Birth & Sex 18-10-76(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0558227132

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

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

7.Presenting Complaints:c/o fever and body pain with headache

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Unspecified acute lower respiratory infection, Flu due to unidentified influenza virus w oth resp manifest, Cough, Pain, unspecified ICD Code J06.9, J22, J11.1, R05, R52

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.,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Antibody Mycoplsm,Iaad Eia Influenza A/B Each,nebulization with ventoline solution,PULMICORT,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION CPT code9,85025,86140,86738,87400,94640,0188-135906-2441,2190-106618-1001

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

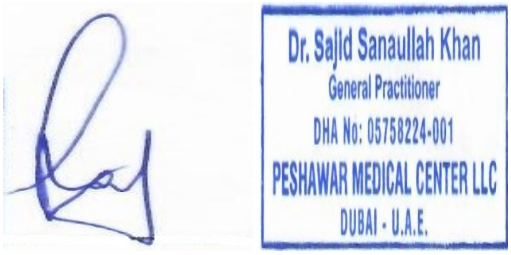
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0006-106601-0394	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	8	Take 1Tablets 3 Time(s) per Day For 8 Day(s) after meal to be taken only if there is fever
0067-442001-2481	(AMBROXOL HCL : 30 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (100ML, GLASS BOTTLE)	6	Take 7.5ML 3 Time(s) per Day For 6 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal
0097-127405-0391	(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	6	Take 1Tablets 1 Time(s) per Day For 6 Day(s) after meal
0067-116705-	(DIPHENHYDRAMINE : 14 MG/5 ML) SYRUP	SYRUP (125ML, GLASS BOTTLE)	5	Take 10ML 2 Time(s) per Day For 5 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
1161				
0046-149904-1171	(DICLOFENAC SODIUM : 50 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal

Date: 06-11-23(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: 06-11-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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