1.HealthNet Policy Number I038-000-117931762-01 2. Authorization Code:

2.Patient Name MD NAZIM UDDIN ALI AHMED

3.Patient Date of Birth & Sex 24-01-87(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0501655603

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

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

7.Presenting Complaints:

cough , sorethroat since 2 days

no fever

O/e- alert afebrile

throat congested

RS- clear

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Cough, Acute nasopharyngitis [common cold], Allergic rhinitis, unspecified, Acute bronchitis, unspecified ICD Code J06.9, R05, J00, J30.9, J20.9

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 CPT code9,85025,86140

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
0005-134003-1161	(BROMHEXINE HYDROCHLORIDE : 4 MG/5ML) SYRUP	SYRUP (100ML, BOTTLE)	5	Take 10ML 2 Time(s) per Day For 5 Day(s) others
0207-395404-0391	(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) evening
0097-589701-1172	(LEVOCETIRIZINE DIHYDROCHLORIDE : 5 MG) TABLETS	TABLETS (20S, BLISTER)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) evening
0097-127405-	(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0392				

Date: 10-11-23(dd/mm/yy)

Signature and Stamp

Dr. Rashmi Keshava Murthy Mosale
General Practitioner
DHA No: 00230994-003
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Doctor's Name Dr.Rashmi Mosale

Physician Code DHA-P-0230994 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: 10-11-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet