



1. HealthNet Policy Number

I038-000-

115298216-01

2. Authorization

Code:

2. Patient Name

OKEZIE THEOPHILIUS NDUCHE

3. Patient Date of Birth & Sex

17-08-79(dd/mm/yy)

☒ Male ☐ Female

Mobile No. 0568531697

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints: history of hyperlipidemia three months ago on 1/8/2023

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute pharyngitis, unspecified, Fever, unspecified, Acute bronchitis, unspecified, Wheezing, Cough, Hyperlipidemia, unspecified

ICD Code J02.9, R50.9, J20.9, R06.2, R05, E78.5

12. Etiology:

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

14. Plan / Details of Management

a. Procedure 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 families 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., CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, CHLOROHISTOL 10MG, CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION, Administered intravenously, (DEXTROSE : 5 % W/W) (SODIUM CHLORIDE : 0.45%) SOLUTION, nebulization with ventoline solution, Blood Count Complete Auto&Auto Diffrntl Wbc Count, Sedimentation Rate Rbc Non-Automated, C-Reactive Protein, Lipid Panel

CPT code 9, 0195-107704-0801, 0125-122107-1022, 0005-111805-1021, 0005-149902-1021, 96365, 2066-100144-0991, 94640, 85025, 85651, 86140, 80061

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

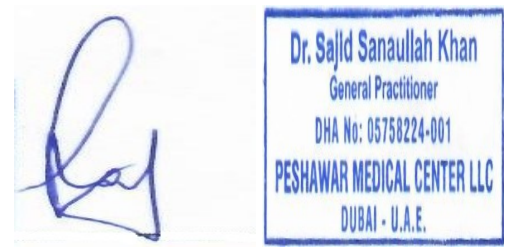
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-116801-1162	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (5ML X 20, SACHET)	7	Take 5ML 3 Time(s) per Day For 7 Day(s) others
0006-402804-2481	(SALBUTAMOL (AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (150ML, GLASS BOTTLE)	7	Take 5ML 3 Time(s) per Day For 7 Day(s) others
0252-389802-1171	(PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1 Tablets 4 Time(s) per Day For 5 Day(s) others
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1 Tablets 2 Time(s) per Day For 7 Day(s) others

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

Doctor's Name Sajid Sanaullah

Signature and Stamp



Physician Code DHA-P-5758224 HNM Code

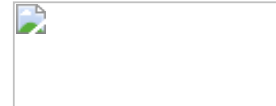
Authorization

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

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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