



1.HealthNet Policy Number

I038-000-
119574884-012.
Authorization
Code:

2.Patient Name

ROHIT MILAP

3.Patient Date of Birth & Sex

02-02-91(dd/mm/yy)

☒ Male ☐
Female

Mobile No.0565542803

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:from last night has fever cough and flu from 20/11/23

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfical History

DiagonosisiFever, unspecified, Acute pharyngitis, unspecified, Cough, Flu due to oth ident
influenza virus w oth resp manifest, Acute bronchitis, unspecified

ICD Code R50.9, J02.9, R05, J10.1, 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.,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Intramuscular injection,(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,nebulization with ventoline solution,(CEFTRIAXONE : 1 G) POWDER FOR INJECTION

CPT code9,0125-122107-1022,96372,0006-
124513-2071,94640,0195-107704-0801

b.Laboratiry 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
0248-135501-1161	(DEXTROMETHORPHAN : 125 MG/100ML) (DIPHENHYDRAMINE : 100 MG/100ML) (EPHEDRINE : 150 MG/100 ML) (GUAIFENESIN : 10 MG/ML) SYRUP	SYRUP (125ML, BOTTLE)	5	Take 1Syrup 3 Time(s) per Day For 5 Day(s) others
0252-107001-1171	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 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 1Tablets 2 Time(s) per Day For 7 Day(s) others

Date: 21-11-23(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: 21-11-23(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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