| | | |
|---|---|---|
| 1.HealthNet Policy Number | I038-000-115399051-01 | 2. Authorization Code: |
| 2.Patient Name | KAILASH DAGDE DEVANNA DAGDE | |
| 3.Patient Date of Birth & Sex | 06-07-98(dd/mm/yy) | ☑ Male ☐ Female |
| | Mobile No.0556708489 | |
| 5.Nature of illness or Injury | ☐ Acute ☐ Chronic ☐ Emergency | |
| 6.Are You the patient's primary physician | ☐ Yes ☐ No | |

7.Presenting Complaints:Skin dermatitis since one month since 15/10/2023

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute pharyngitis, unspecified, Tinea corporis — ICD Code J02.9, B35.4

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 SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CHLOROHISTOL 10MG,Intramuscular injection,nebulization with ventoline solution — CPT code9,0125-122107-1022,0005-111805-1021,96372,94640

b.Laboratiry Test:

c.Radiology / Investigations:

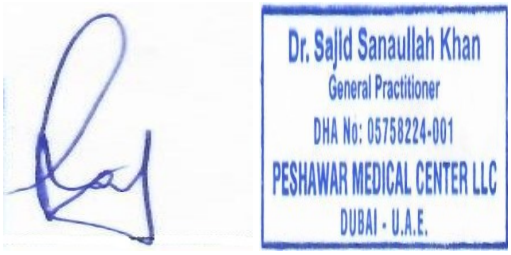
15.In Case of Hospitalization: Date of Addmission: — Date of Discharge:

16. PRESCRIPTION WITH DOSAGE & DURATION

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 0097-140201-1451 | (FLUCONAZOLE : 150 MG) CAPSULES (HARD GELATIN) | CAPSULES (HARD GELATIN) (1S, BLISTER) | 28 | Take 1Tablets 1 Time(s) per Week For 28 Day(s) others |
| 0219-148801-0151 | (KETOCONAZOLE : 2%) CREAM | CREAM (15G, COLLAPSIBLE TUBE) | 3 | Take 1Cream 3 Time(s) per Day For 3 Day(s) others |
| 0215-249701-0651 | (COAL TAR : 4%) (SALICYLIC ACID : 3%) (CETYL ALCOHOL : N/A) (SULFUR : 3%) OINTMENT | OINTMENT (25G, TUBE) | 5 | Take 1Cream 3 Time(s) per Day For 5 Day(s) others |
| 0252-389802-1171 | (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) TABLETS | TABLETS (20S, BLISTER PACK) | 5 | Take 1Tablets 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 1Tablets 2 Time(s) per Day For 7 Day(s) others |

Date: 22-11-23(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: 22-11-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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