

1.HealthNet Policy Number	1038-000- 117554685-01	2. Authorization Code:	
2.Patient Name	PANKAJ KUMAR PR	AKASH CHAND	
3.Patient Date of Birth & Sex	23-05-93(dd/mm/	/yy)	
	Mobile No.05815	19851	
5.Nature of illness or Injury	☐ Acute ☐ Chro	nic 🗆 Emergency	
6.Are You the patient's primary physician	☐ Yes ☐ No		
7.Presenting Complaints:Severe cough and sore throat and mucopurulent infections in usitis and acute bronchitis started 20/11/2023	tion in post nasal	area resembling chronic	
8.Duration of Symptoms:			
9.Onset of Condition:			
10.Relevent Past Medical/Surfgical History			
DiagonosisiAcute pharyngitis, unspecified, Acute bronchitis, unspecified, Acute pansinusitis, unspecified, Fever, unspecified	ICD Code J02.9, J2	20.9, J01.40, R50.9	
12.Etiology:			
13.In case of Injury:mode of Injury/place of Injury			
14.Plan / Details of Management			
a.Procedure(DEXTROSE: 100 MG/ML) (SODIUM CHLORIDE: 9 MG/ML) SOLUTION FOR INFUSION, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE: 4 MG/ML) SOLUTION FOR INJECTION, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE: 1 G) POWDER FOR INJECTION, CLOFEN - (DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION, CHLOROHISTOL 10MG, nebulization with ventoline solution, 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 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. Administered intravenously, Intramuscular injection, IV fluid admisitration, Intravenous Injection	1022,0195-107704 1021,0005-111805	0139-1001,0125-122107- -0801,0005-149902- - 55,96372,96360,96374	
b.Laboratiry Test:			
c.Radiology / Investigations:			

15.In Case of Hospitalization: Date of Addmission:

16.

Date of Discharge:

PRESCRIPTION WITH DOSAGE & DURATION						
Code	Generic	Dosage	Duration	Instructions		
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		
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		
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		

11/24/23, 11:07 AM

Code	Generic	Dosage	Duration	Instructions
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)

Doctor's Name Sajid Sanaullah

Signature and Stamp

Raj

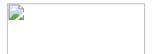


Physician Code DHA-P-5758224 HNM Code

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)



NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae