

1.H€	ealthNet Polic	y Number				1038- 1168	000- 28530-01	Author Code:	rization
2.Pa	2.Patient Name					ISMAIL ATERTOUR			
3.Pa	Patient Date of Birth & Sex					04-06-89(dd/mm/yy)			✓ Male □ Female
						Mob	ile No.05	53554310	
5.Na	5.Nature of illness or Injury					☐ Acute ☐ Chronic ☐ Emergency			
6.Are You the patient's primary physician 7.Presenting Complaints:									
7.Pr	esenting Com	plaints:							
crep	titations in ch	nest							
8.Du	ıration of Sym	nptoms:							
9.Or	nset of Condit	tion:							
10.R	Relevent Past I	Medical/Surf	gical History						
_		ndition: ast Medical/Surfgical History ute bronchitis due to other specified organisms, Encounter for screening for te recurrent sinusitis, unspecified njury:mode of Injury/place of Injury							
12.E	tiology:								
13.lı	n case of Injur	ry:mode of In	jury/place of	Injury					
14.P	Plan / Details o	of Manageme	ent						
((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.								
١	o.Laboratiry Tes	st:							
	c.Radiology /	Investigation	s:						
15.lı	n Case of Hos	pitalization: [Date of Addm	ission:		Date	of Disch	arge:	
16.				PRESCRIPTION WITH E	OOSAGE & DURATION				
	Code	Generic			Dosage		Duration	Instruction	ons

PRESCRIPTION WITH DOSAGE & DURATION							
Code	Generic	Dosage	Duration	Instructions			
0846- 253101- 1161	(HEDERA HELIX (IVY) : 7MG/ML) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	Take 1Tablets 3 Time(s per Day For 5 Day(s) others			
1162- 414101- 0051	(PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) (CHLORPHENIRAMINE MALEATE : 2 MG) CAPLETS	CAPLETS (24S, BLISTER PACK)	5	Take 1Tablets 2 Time(s per Day For 5 Day(s) others			
0005- 116403- 1454	(AMOXICILLIN : 500 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (1000S, BLISTER PACK)	5	Take 1Tablets 2 Time(s per Day For 5 Day(s) others			
0005- 533802-	(ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (28S,	14	Take 1Tablets 1 Time(s per Day For 14 Day(s)			

Co	ode	Generic	Dosage	Duration	Instructions
14	451		BLISTER)		others

Date: 01-12-23(dd/mm/yy)

Doctor's Name Sajid Sanaullah

Signature and Stamp



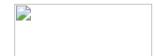


Physician Code DHA-P-5758224 HNM Code

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



01-12-23(dd/mm/yy) Signature of Insued / Claimint Date:

Copy of NGI - Pharmacy

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



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