



1.HealthNet Policy Number

I038-000-
115298234-012.
Authorization
Code:

2.Patient Name

VANESSA LABAREJOS NAVARRO

3.Patient Date of Birth & Sex

09-07-86(dd/mm/yy)

☐ Male ☒ Female

Mobile No.0501746538

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:severe headache and high blood pressure since last week started 29/11/2023

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surficial History

DiagonosisiEssential (primary) hypertension, Acute maxillary sinusitis, unspecified, Chronic cluster headache, intractable

ICD Code I10, J01.00, G44.021

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureSODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,(FUROSEMIDE : 20 MG/2ML) SOLUTION FOR INJECTION,IV fluid admisitration,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.,Intravenous Injection,theraputicherapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) - (AED 11.0000)

CPT code0102-100104-1001,0125-122107-1022,0005-149902-1021,0005-167505-1021,96360,9,96374,96375

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
0188-130101-0391	(PROPRANOLOL HCL : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (50S, PLASTIC BOTTLE)	20	Take 1Tablets 1 Time(s) per Day For 20 Day(s) others
0015-101502-0271	(ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS	EFFERVESCENT TABLETS (10S, TUBE)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) others
4417-711202-0391	(IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER)	6	Take 1Tablets 4 Time(s) per Day For 6 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0139-116207-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) others

Date: 05-12-23(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

Date: 05-12-23(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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