



1. HealthNet Policy Number	I038-000-118367313-01	2. Authorization Code:
2. Patient Name	GAURAV KESHAV KASTURE KESHAV RAMCHANDRA KASTURE	
3. Patient Date of Birth & Sex	20-08-96(dd/mm/yy)	☒ Male ☐ Female
5. Nature of illness or Injury	Mobile No. 0528369387	
6. Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency	
7. Presenting Complaints: from yesterday has sore throat and fever and headache	☐ Yes ☐ No	
8. Duration of Symptoms:		
9. Onset of Condition:		
10. Relevant Past Medical/Surgical History		
Diagnosis: Acute pharyngitis, unspecified, Headache, unspecified, Fever, unspecified, Acute bronchitis, unspecified	ICD Code J02.9, R51.9, R50.9, J20.9	
12. Etiology:		
13. In case of Injury: mode of Injury/place of Injury		
14. Plan / Details of Management		
a. Procedure: 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 family's 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, (SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION, nebulization with ventoline solution, CEFTRIAXONE-TABUK IM, Intramuscular injection, PULMICORT		
CPT code 9, 0125-122107-1022, 0006-124513-2071, 94640, 0195-107704-0802, 96372, 0188-135906-2441		
b. Laboratory Test:		

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

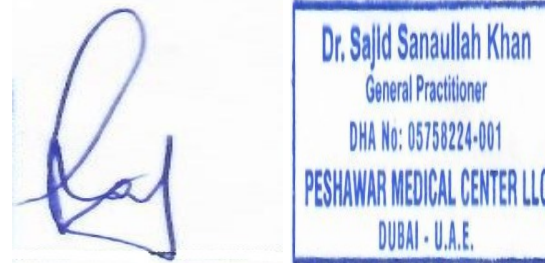
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0252-107001-1171	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	Take 1Syrup 2 Time(s) per Day For 3 Day(s) others
0202-185401-1161	(CHLORPHENIRAMINE : 2 MG/5ML) (DEXTROMETHORPHAN : 30 MG/5ML) (PSEUDOEPHEDRINE : 10 MG/5ML) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	Take 1Syrup 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: 08-12-23(dd/mm/yy)

Doctor's Name Sajid Sanaullah

Signature and Stamp

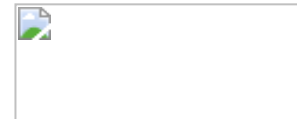


Physician Code DHA-P-5758224 HNM Code

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: 08-12-23(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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