



1. HealthNet Policy Number

1038-000-
118629482-012. Authorization
Code:

2. Patient Name

ISANKA JAYASEKARA PARAWENI ARACHCHILAGE

3. Patient Date of Birth & Sex

01-02-00(dd/mm/yy)

☒ Male ☐ Female

Mobile No. 0569399135

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints: from 6/12/2023 has body pain and sore throat and fever

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute pharyngitis, unspecified, Fever, unspecified, Headache, unspecified, Pain in throat

ICD Code J02.9, R50.9, R51.9, R07.0

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: DEXAMETHASONE SODIUM PHOSPHATE, CEFTRIAXONE-TABUK IM, Intramuscular injection, Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner.

CPT code 0125-122107-1022, 0195-107704-0802, 96372, 9.1

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)	5	Take 1 Tablets 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 1 Unit(s), 2 Time(s) per Day For 7 Day(s)

Date: 09-12-23(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: 09-12-23(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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