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

Mobile No.0528369387

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

Severe body pain and cough and severe headache started 7/12/2023

received medicine still the same

high fever also presents

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiBronchopneumonia, unspecified organism, Acute pharyngitis, unspecified ICD Code J18.0, J02.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedurenebulization with ventoline solution,PULMICORT,Blood Count Complete Auto&Auto Difrntl Wbc Count,Sedimentation Rate Rbc Non-Automated,C-Reactive Protein,Infectious agent antigen detection by immunofluorescent technique; influenza B virus,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code94640,0188-135906-2441,85025,85651,86140,87275,

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

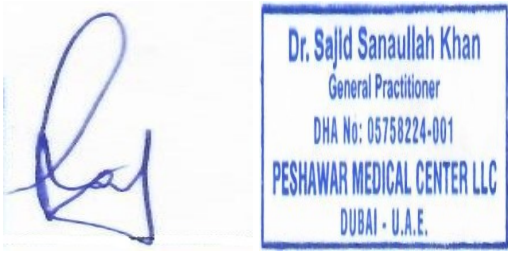
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 10-12-23(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: 10-12-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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