1.HealthNet Policy Number I038-000-118627966-01 2. Authorization Code:

2.Patient Name SYED TAHIR ALI SEYED MUMTAZ ALI

3.Patient Date of Birth & Sex 03-04-81(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0522404631

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

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

7.Presenting Complaints:

Severe stomach pain and flatus started 15/11/2023 and used two courses of medicine and improved but again ok

also there is burning sensation and dysuria and renal problem

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Alcoholic gastritis without bleeding, Flatulence, Urinary tract infection, site not specified, Fatty (change of) liver, not elsewhere classified, Calculus of kidney

ICD Code K29.20, R14.3, N39.0, K76.0, N20.0

12.Etiology:

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

14.Plan / Details of Management

a.Procedure SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,PREMOSAN ,Blood Count Complete Auto&Auto Difrntl Wbc Count,Transferase Alanine Amino Alt Sgpt,Transferase Aspartate Amino Ast Sgot,Glucose Post Glucose Dose,Urea Nitrogen Quantitative,Creatine,Urinalysis Microscopic Only,Iaad Eia Hpylori Stool,Office consultation for a new or established

CPT code 0102-100104-1001,0005-242802-0781,0005-150403-1021,85025,84460,84450,82950,84520,82540,81015,87338,9,0135-103207-1001,96360,96374

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., (CIPROFLOXACIN : 200 MG) SOLUTION FOR INFUSION,IV fluid admisitration,Intravenous Injection

b.Laboratiry Test:

c.Radiology / Investigations:

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

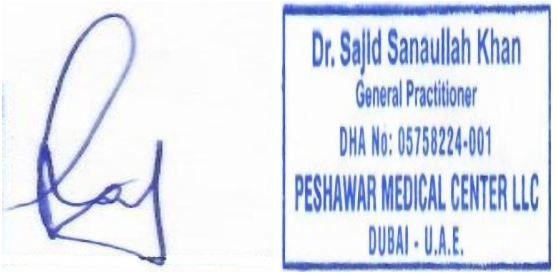
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0435-189401-1113	(CALCIUM CARBONATE : N/A) (SODIUM BICARBONATE : N/A) (SODIUM ALGINATE : N/A) SUSPENSION	SUSPENSION (200ML, GLASS BOTTLE)	7	Take 10ML 3 Time(s) per Day For 7 Day(s) others
0031-168201-0391	(DOMPERIDONE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	15	Take 1Tablets 2 Time(s) per Day For 15 Day(s) others
0188-232401-0392	(ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) others

Date: 11-12-23(dd/mm/yy)

Signature and Stamp



Doctor's Name Sajid Sanaullah

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: 11-12-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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