



1.HealthNet Policy Number

I038-000-
119394093-012.
Authorization
Code:

2.Patient Name

MUHAMMADJON SHARIFOV

3.Patient Date of Birth & Sex

06-08-03(dd/mm/yy)

☒ Male ☐
Female

Mobile No.0565691101

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

C/o: High grade fever since yesterday.

Also generalized body pains, headache and weakness, and burning eyes.

There is no cough, no chest pain, no difficulty breathing, no pain in throat.

There is no GIT symptoms and no urinary symptoms.

Exam: Hypertrophied tonsils and mild hyperemia of the pharynx.

Chest: Rhonchi of the left hemithorax.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Acute tonsillitis due to other specified organisms, Acute sinusitis, unspecified, ICD Code J03.80, J01.90, J02.9, R50.9
Acute pharyngitis, unspecified, Fever, unspecified

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Intravenous Injection,CLOFEN ,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CEFTRIAXONE-TABUK IV,Blood Count Complete Auto&Auto Difrntl Wbc Count,CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,Sedimentation Rate Rbc Automated,C-Reactive Protein,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.

CPT code 96374,0005-149902-1021,0125-122107-1022,0195-107704-0801,85025,0005-111805-1021,85652,86140,9

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
4874-125821-3801	(POVIDONE IODINE : 0.45%) SPRAY SOLUTION	SPRAY SOLUTION (50ML, BOTTLE)	5	Take 1Spray 4 Time(s) per Day For 5 Day(s) after meal
0005-119805-1174	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (40S, BLISTER)	10	Take 2Tablets 1 Time(s) per Day For 10 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal
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) after meal
0696-107902-0392	(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal

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

Doctor's Name Enomen Goodluck

Signature and Stamp




Physician Code DHA-P-28040827 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 Insured / Claimint

Copy of NGI - Pharmacy

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

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