1.HealthNet Policy Number I038-000-117253227-01 2. Authorization Code:

2.Patient Name IHSSANE YAALA

3.Patient Date of Birth & Sex 07-11-98(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0501543860

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

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

7.Presenting Complaints:

SEVERE COUGH AND BODY PAIN SINCE THREE DAYS STARTED ON 11/12/2023

SEVERE PRODUCTIVE COUGH AND CHILLS FOR THE THIRD TIME IN THIS MONTH

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiBronchopneumonia, unspecified organism, Acute pharyngitis, unspecified, Acute bronchitis, unspecified, Wheezing, Fever, unspecified ICD Code J18.0, J02.9, J20.9, R06.2, R50.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,Sedimentation Rate Rbc Non-Automated,C-Reactive Protein,Gp Consultation,CEBACT ,(CEFTRIAXONE : 1000 MG) POWDER FOR INJECTION ,DEXAMETHASONE SODIUM PHOSPHATE,CLOFEN ,CHLOROHISTOL 10MG,SODIUM CHLORIDE & DEXTROSE B.P.,INJECTION SERVICE-IV CPT code85025,85651,86140,9,0320-107701-0801,0125-122107-1022,0005-149902-1021,0005-111805-1021,0102-100104-1001,96374

b.Laboratiry Test:

c.Radiology / Investigations:

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

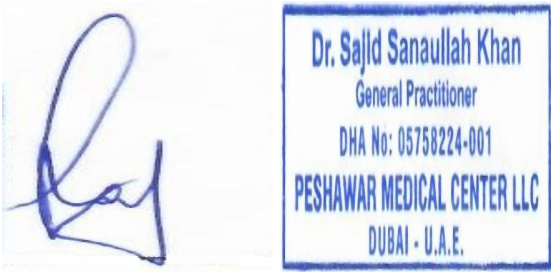
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0252-389802-1171	(PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 4 Time(s) per Day For 5 Day(s) others
0006-402804-2481	(SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (150ML, GLASS BOTTLE)	7	Take 5ML 3 Time(s) per Day For 7 Day(s) others
0005-116801-1161	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	7	Take 5ML 3 Time(s) per Day For 7 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: 14-12-23(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: 14-12-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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