1.HealthNet Policy Number I038-000-120193919-01 2. Authorization Code:

2.Patient Name THU ZAR HUN

3.Patient Date of Birth & Sex 12-07-91(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0582321476

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

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

7.Presenting Complaints:pain in nasopharynx

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute sinusitis, unspecified, Fever, unspecified, Pain, unspecified ICD Code J01.90, R50.9, R52

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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 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.,(DEXTROSE : 100 MG/ML) (SODIUM CHLORIDE : 1.8 MG/ML) SOLUTION FOR INFUSION,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,Administered intravenously,CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION, (CEFTRIAXONE (AS SODIUM) : 500 MG) POWDER FOR INJECTION,Intramuscular injection,Blood Count Complete Auto&Auto Difrntl Wbc Count,Creatinine Blood,Sedimentation Rate Rbc Automated,C-Reactive Protein

CPT code9,0442-100132-1003,2190-106618-1001,96365,0005-111805-1021,0067-107702-0801,96372,85025,82565,85652,86140

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
0788-106705-1171	(CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	10	Take 1Tablets 3 Time(s) per Day For 10 Day(s) others
0015-101502-0271	(ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS	EFFERVESCENT TABLETS (10S, TUBE)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) others
0027-265802-1161	(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	5	Take 8ML 3 Time(s) per Day For 5 Day(s) others
1307-127402-1451	(AZITHROMYCIN : 250 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	6	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others
4342-273401-1452	(OSELTAMIVIR (AS PHOSPHATE) : 75 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 17-12-23(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: 17-12-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet