1.HealthNet Policy Number	I038-000-115298092-01	2. Authorization Code:
2.Patient Name	SAIYAD IQBAL ANSARI	
3.Patient Date of Birth & Sex	21-02-83(dd/mm/yy)	☑ Male ☐ Female
	Mobile No.0501793969	
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency	
6.Are You the patient's primary physician	☐ Yes ☐ No	

7.Presenting Complaints:FEVER WITH CHILLS

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiWeakness, Myalgia, unspecified site, Fever, unspecified, Nasal congestion, Cough	ICD Code R53.1, M79.10, R50.9, R09.81, R05

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(CEFTRIAXONE (AS SODIUM) : 2 G) POWDER FOR INFUSION,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,SODIUM CHLORIDE	CPT code0005-409501-0781,0125-122107-1022,0031-149902-1021,0005-111805-1021,2066-111936-1001,96360,96365,85025,96374,86141,85651,84520,82565,84295,84132,9,96375,96375,96365

INTRAVENOUS INFUSION 0.9% W/V B.P,IV fluid admisitration,Administered intravenously,Blood Count Complete Auto&Auto Difrntl Wbc Count,Intravenous Injection,C-Reactive Protein High Sensitivity,Sedimentation Rate Rbc Non-Automated,Urea Nitrogen Quantitative,Creatinine Blood,Sodium Serum Plasma Or Whole Blood,Potassium Serum Plasma/Whole Blood,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 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.,theraputicherapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) - (AED 11.0000),theraputicherapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for

primary procedure) - (AED 11.0000),Administered intravenously

b.Laboratiry Test:

c.Radiology / Investigations:

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

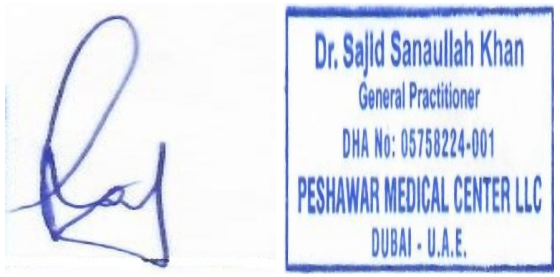
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0027-265802-1161	(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	8	Take 8ML 3 Time(s) per Day For 8 Day(s) others
2104-183201-0391	(FEXOFENADINE HCL : 120 MG) FILM COATED TABLETS	FILM COATED TABLETS (15S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) others
0015-101502-0271	(ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS	EFFERVESCENT TABLETS (10S, TUBE)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) others
0139-116207-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 3 Time(s) per Day For 10 Day(s) others

Date: 21-12-23(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: 21-12-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae