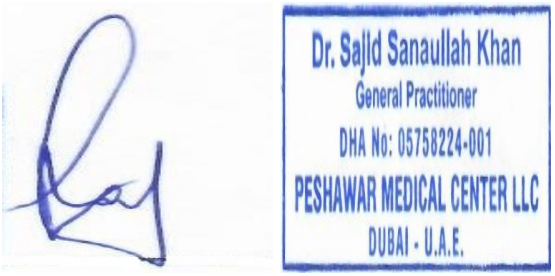
1.HealthNet Policy Number	I038-000-115835360-01 2. Authorization Code:
2.Patient Name	AKHTAR NAWAZ HAIDER KHAN
3.Patient Date of Birth & Sex	01-01-95(dd/mm/yy) ☑ Male ☐ Female
	Mobile No.561437467
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency
6.Are You the patient's primary physician	☐ Yes ☐ No
7.Presenting Complaints:Severe diarrhea since one week started 14/12/2023	
8.Duration of Symptoms:	
9.Onset of Condition:	
10.Relevent Past Medical/Surfgical History	
DiagonosisiAdverse effect of antidiarrheal drugs, subsequent encounter, Dehydration, Other shigellosis	ICD Code T47.6X5D, E86.0, A03.8
12.Etiology:	
13.In case of Injury:mode of Injury/place of Injury	
14.Plan / Details of Management	
a.ProcedureCul Bact Stool Aerobic Isol Salmonella&Shigella,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.	CPT code87045,9
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
0170-502203-4021	(SPORE OF BACILLUS CLAUSI : 6000000000/2G) POWDER FOR ORAL SOLUTION	POWDER FOR ORAL SOLUTION (10 X 2G, SACHET)	5	Take 1sachet 2 Time(s) per Day For 5 Day(s) others
6616-230505-0832	(SODIUM CHLORIDE : 2.6 G) (POTASSIUM CHLORIDE : 1.5 G) (SODIUM CITRATE : 2.9 G) (DEXTROSE ANHYDROUS : 13.5 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 21.8 G, SACHET)	5	Take 1sachet 2 Time(s) per Day For 5 Day(s) others
0699-200001-1451	(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 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