1.HealthNet Policy Number	I038-000-115298171-01 2. Authorization Code:
2.Patient Name	Wasantha Sisila Kumara Nissanka Arachchige
3.Patient Date of Birth & Sex	14-12-78(dd/mm/yy) ☑ Male ☐ Female
	Mobile No.0551329024
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency
6.Are You the patient's primary physician	☐ Yes ☐ No
7.Presenting Complaints:all muscular pain	
8.Duration of Symptoms:	
9.Onset of Condition:	
10.Relevent Past Medical/Surfgical History	
Diagonosisi Fever, unspecified, Cough, Nasal congestion, Pain in throat, Myalgia, other site	ICD Code R50.9, R05, R09.81, R07.0, M79.18
12.Etiology:	
13.In case of Injury:mode of Injury/place of Injury	
14.Plan / Details of Management	
a.Procedure(DICLOFENAC SODIUM : 75 MG/3ML) INJECTION,SODIUM CHLORIDE INTRAVENOUS INFUSION 0.9% W/V B.P,CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION, (CEFTRIAXONE (AS SODIUM) : 0.5 G) POWDER FOR INJECTION,Intramuscular injection,Administered intravenously,IV fluid admisitration,nebulization with ventoline solution,PULMICORT,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 code0027-149902-0511,2066-111936-1001,0005-111805-1021,0125-122107-1022,2786-107705-1361,96372,96365,96360,94640,0188-135906-2441,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

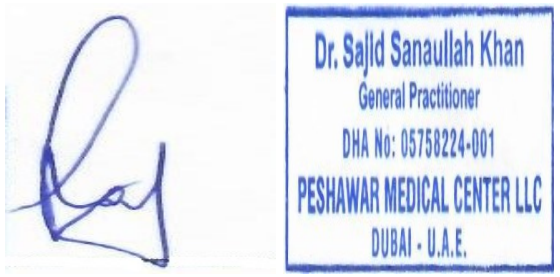
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-114502-1171	(AMBROXOL : 30 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) Select Any
5193-183202-0391	(FEXOFENADINE HCL : 180 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) Select Any
1144-253101-1162	(HEDERA HELIX (IVY) : 7MG/ML) SYRUP	SYRUP (200ML, GLASS BOTTLE)	8	Take 8ML 3 Time(s) per Day For 8 Day(s) Select Any
2027-560101-0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	7	Take 1Tablets 3 Time(s) per Day For 7 Day(s) after meal
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

Date: 26-12-23(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: 26-12-23(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