1.HealthNet Policy Number I038-000-117559457-01 2. Authorization Code:

2.Patient Name SARAN SATHEESH KUMAR SATHEESH KUMAR CHIRACKAL BHASKARAN ACHARY

3.Patient Date of Birth & Sex 17-02-99(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0525513810

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

DiagonosisiAbscess, furuncle and carbuncle of nose, Nasal mucositis (ulcerative), Deviated nasal septum, Fever presenting with conditions classified elsewhere ICD Code J34.0, J34.81, J34.2, R50.81

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.,(CEFTRIAXONE (AS SODIUM) : 2 G) POWDER FOR INFUSION,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION, (SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Administered intravenously,IV fluid admisitration,Blood Count Complete Auto&Auto Difrntl Wbc Count,Sedimentation Rate Rbc Automated,C-Reactive Protein CPT code9,0005-409501-0781,0005-149902-1021,2305-111908-1001,0125-122107-1022,96365,96360,85025,85652,86140

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 |
|---|---|---|---|---|
| 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 |
| 0005-143602-0391 | (CEFUROXIME : 500 MG) FILM COATED TABLETS | FILM COATED TABLETS (10S, BLISTER PACK) | 15 | Take 1Tablets 2 Time(s) per Day For 15 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)

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HealthNet