

1.HealthNet Policy Number	1038-000- 2. Authorization 120056118-01 Code:			
2.Patient Name	BISHAL LAMICHHANE BISHNU PRASAD LAMICHHANE			
3.Patient Date of Birth & Sex	26-07-00(dd/mm/yy) ✓ Male ☐ Female			
	Mobile No.971525126998			
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency			
6.Are You the patient's primary physician	☐ Yes ☐ No			

SEVERE SORE THROAT AND BODY PAIN AND SEVERE BODY PAIN ALL STARTED 2/1/2024

HIGH FEVER AND HORSENESS STARTED TODAY

8. Duration of Symptoms:

7. Presenting Complaints:

- 9. Onset of Condition:
- 10. Relevent Past Medical/Surfgical History

DiagonosisiAcute pharyngitis, unspecified, Acute bronchitis, unspecified, Acute pansinusitis, unspecified, Fever, unspecified

ICD Code J02.9, J20.9, J01.40, R50.9

12. Etiology:

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

14.Plan / Details of Management

a.ProcedureSODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE: 0.9%) (DEXTROSE: 5%) SOLUTION FOR INFUSION, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE: 4 MG/ML) SOLUTION FOR INJECTION, CLOFEN - (DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION, CEFTRIAXONE-TABUK IV, IV fluid admisitration, Intravenous Injection, nebulization with ventoline solution, VENTOLIN NEBULES, 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 code0102-100104-1001,0125-122107-1022,0005-149902-1021,0195-107704-0801,96360,96374,94640,0006-124513-2071,0188-135906-2441,9

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	
0252- 389802- 1171	(PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 4 Time(s) per Day For 5 Day(s) others	
0005- 116801- 1161	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	7	Take 5ML 3 Time(s) per Day For 7 Day(s) others	
0097- 116206- 0391	(AMOXICILLIN : 875 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	

Date: 03-01-24(dd/mm/yy)

Doctor's Name Sajid Sanaullah

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: 03-01-24(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