1.HealthNet Policy Number I038-000-118627966-01 2. Authorization Code:

2.Patient Name SYED TAHIR ALI SEYED MUMTAZ ALI

3.Patient Date of Birth & Sex 03-04-81(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0522404631

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

co acid drops are thrown in his one hand and face durind drain cleaning and pain in all joints

oe tiny 7 blisters s on his hand and 4 blisters in his faceitching is present

erthmia is present

itching is present

chest is clear

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiPain, unspecified, External constriction of unsp part of head, init encntr, Assault by unspecified means, Pain in joints of unspecified hand, Pain in right foot

ICD Code R52, S00.94XA, Y09, M25.549, M79.671

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.,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(CEFTRIAXONE (AS SODIUM) : 2 G) POWDER FOR INJECTION,(CHLORPHENIRAMINE : 2 MG/5ML) (DEXTROMETHORPHAN : 30 MG/5ML) (PSEUDOEPHEDRINE : 10 MG/5ML) SYRUP, (DEXAMETHASONE SODIUM PHOSPHATE : 4 MG/ML) SOLUTION FOR INJECTION,C-Reactive Protein High Sensitivity,Blood Count Complete Auto&Auto Difrntl Wbc Count,Sedimentation Rate Rbc Non-Automated,Uric Acid Blood,Administered intravenously,IV fluid admisitration

CPT code9,2190-106618-1001,0035-107708-0801,0202-185401-1161,0681-309101-1021,86141,85025,85651,84550,96365,96360

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
No Prescriptions History Found				

Date: 20-01-24(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: 20-01-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet