1.HealthNet Policy Number: I038-000-119890953-01 2. Authorization Code:

2.Patient Name: ALIYA NOOR

3.Patient Date of Birth & Sex: 19-05-21(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0552815040

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

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

7.Presenting Complaints:

SEVERE COUGH AND WHEEZING SINCE THREE WEEKS STARTED 1/1/2024

SEVERE FACE REDNESS SINCE ONE WEK

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute bronchitis, unspecified, Wheezing, Cough, Atopic dermatitis, unspecified, Vitamin D deficiency, unspecified

ICD Code J20.9, R06.2, R05, L20.9, E55.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure CEFTRIAXONE-TABUK IM-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CHLOROHISTOL 10MG,Intramuscular injection,nebulization with ventoline solution,PULMICORT,VENTOLIN NEBULES,Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded 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 of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

CPT code 0195-107704-0802,0125-122107-1022,0005-111805-1021,96372,94640,0188-135906-2441,0006-124513-2071,10

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
0366-149801-0151	(CLOBETASOL PROPIONATE : 0.05%) CREAM	CREAM (25G, TUBE)	10	Take 1Cream 3 Time(s) per Day For 10 Day(s) others
1513-413201-1161	(PANTHENOL : 2 MG/5ML) (VITAMIN D3 : 100 IU/5ML) (NICOTINAMIDE : 5 MG/5ML) (THIAMINE (VITAMIN B1) : 1 MG/5ML) (PYRIDOXINE (VITAMIN B6) : 0.5 MG/5ML) (ASCORBIC ACID (VITAMIN C) : 50 MG/5ML) (VITAMIN A : 1200 IU/5ML) (VITAMIN E : 1 MG/5ML) (CALCIUM GLUCONATE : 25 MG/5 ML) (CALCIUM PHOSPHOLACTATE : 25 MG/5 ML) SYRUP	SYRUP (200G, BOTTLE)	10	Take 5ML 1 Time(s) per Day For 10 Day(s) others
1291-170801-1161	(LACTULOSE : 66.7%) SYRUP	SYRUP (300ML, PLASTIC BOTTLE)	10	Take 10ML 3 Time(s) per Day For 10 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0006-402804-2481	(SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (150ML, GLASS BOTTLE)	7	Take 3ML 3 Time(s) per Day For 7 Day(s) others
0027-124302-1162	(KETOTIFEN : 1 MG/5ML) SYRUP	SYRUP (100ML, GLASS BOTTLE)	7	Take 3ML 2 Time(s) per Day For 7 Day(s) others
0207-142903-0851	(CEFIXIME : 100 MG/5ML) POWDER FOR SUSPENSION	POWDER FOR SUSPENSION (60ML , GLASS BOTTLE)	7	Take 3ML 2 Time(s) per Day For 7 Day(s) others

Date: 20-01-24(dd/mm/yy)

Signature and Stamp

Doctor's Name Mohammadmahdi

Physician Code DHA-P-0045407 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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