1.HealthNet Policy Number I038-000-119490863-01 2. Authorization Code:

2.Patient Name AISHA REHMAN BAIGNAL RAHMAN ALI SHAH

3.Patient Date of Birth & Sex 06-06-97(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0566537318

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

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

7.Presenting Complaints:

C/o: Pain in throat, severe headache and nasal congestion

Has a history of recurrent migraine.

There is no fever, but has malaise and weakness with occasional chills

she is not a hypertensive and not diabetic.

No significant past medical history.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute laryngopharyngitis, Acute nasopharyngitis [common cold], Other malaise ICD Code J06.0, J00, R53.81

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. CPT code9

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
5253-649501-3851	(MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY	NASAL SPRAY (120 DOSE, PUMP SPRAY)	7	Take 1Spray 2 Time(s) per Day For 7 Day(s) after meal
4874-125821-3801	(POVIDONE IODINE : 0.45%) SPRAY SOLUTION	SPRAY SOLUTION (50ML, BOTTLE)	7	Take 1Spray 4 Time(s) per Day For 7 Day(s) after meal
1233-107901-0111	(IBUPROFEN : 200 MG) COATED TABLETS	COATED TABLETS (50S, PLASTIC BOTTLE)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0030-183202-0391	(FEXOFENADINE HCL : 180 MG) FILM COATED TABLETS	FILM COATED TABLETS (15S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0788-107203-1171	(PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	8	Take 1Tablets 3 Time(s) per Day For 8 Day(s) after meal

Date: 29-01-24(dd/mm/yy)

Signature and Stamp

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 29-01-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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HealthNet