1.HealthNet Policy Number I038-000-117669243-01 2. Authorization Code:

2.Patient Name SYED ARSALAN JAVED BANOORI SYED ILYAS HAIDER JAVED

3.Patient Date of Birth & Sex 17-09-91(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0521983186

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

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

7.Presenting Complaints:

C/o: Upper abdominal pain, that is worst at night and after feeding and feels tight even for little meals, also pain in the lips. Also has been sneezing recurrently especially at early mornings.

There is no fever.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute gastritis without bleeding, Vitamin B deficiency, unspecified, Other forms of stomatitis, Glossitis, Allergic rhinitis, unspecified ICD Code K29.00, E53.9, K12.1, K14.0, J30.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Cyanocobalamin Vitamin B-12,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 code85025,86140,82607,9

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
0031-168201-0391	(DOMPERIDONE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others
0005-141607-1111	(ALUMINIUM HYDROXIDE : 215 MG/5 ML) (SIMETHICONE : 25 MG/5ML) (MAGNESIUM HYDROXIDE : 80 MG/5ML) SUSPENSION	SUSPENSION (180ML, BOTTLE)	7	Take 10ML 6 Time(s) per Day For 7 Day(s) others
0137-242802-0341	(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (15S, BLISTER)	7	Take 1Tablets 2Time(s) perDay For 7 Day(s) before meal
0696-148701-1172	(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) others

Date: 04-02-24(dd/mm/yy)

Doctor's Name Sajid 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: 04-02-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet