1.HealthNet Policy Number I038-000-117761786-01 2. Authorization Code:

2.Patient Name SANGITA BHANDARI

3.Patient Date of Birth & Sex 03-10-94(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0524050665

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 WHILE MICTURATION AND PAIN IN LOWER ABDOMEN

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiUrinary tract infection, site not specified, Painful micturition, unspecified, Unspecified renal colic, Epigastric pain ICD Code N39.0, R30.9, N23, R10.13

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.,Urinalysis Qual/Semiquant Except Immunoassays,Urinalysis Bacteriuria Scr Xcpt Culture/Dipstick,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Renal Function Panel CPT code9,81005,81007,85025,86140,80069

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

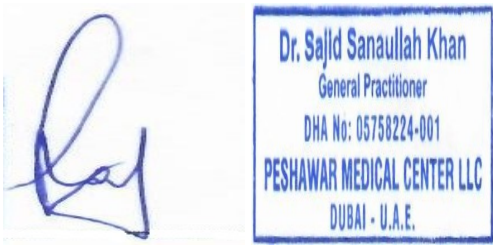
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
1703-512201-0061	(CRANBERRY EXTRACT : 300 MG) (NETTLE EXTRACT : 50 MG) (D-MANNOSE : 50 MG) CAPSULES	CAPSULES (30S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) others
0042-136501-1171	(HYOSCINE : 10 MG) TABLETS	TABLETS (500S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0993-385702-0341	(*PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (30S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 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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