1.HealthNet Policy Number I038-000-118933627-01 2. Authorization Code:

2.Patient Name MOUNIR BENDAD

3.Patient Date of Birth & Sex 23-01-84(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0522213325

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

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

7.Presenting Complaints:

C/O DRY COUGH,FEVER,SORE THROAT,MOUTH ULCERS AND BODY PAIN SINCE 3 DAYS

O/E PATIENT HAS HYPREMIC THROAT AND CHEST CONGESTION

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Cough, Fever, unspecified, Acute pharyngitis, unspecified, Pain, unspecified, Oral mucositis (ulcerative), unspecified

ICD Code J06.9, R05, R50.9, J02.9, R52, K12.30

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.,(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,Administered intravenously,theraputicherapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) - (AED 11.0000),Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,theraputicherapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) - (AED 11.0000)

CPT code9,0011-106618-1001,0125-122107-1022,0005-111805-1021,96365,96375,85025,86140,0195-107704-0801,96375

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
1144-253101-1162	(HEDERA HELIX (IVY) : 7MG/ML) SYRUP	SYRUP (200ML, GLASS BOTTLE)	7	Take 1Syrup 3 Time(s) per Day For 7 Day(s) others
2006-552301-0431	(SYMPLOCOS RACEMOSA (LODHRA) : 3 MG/1G) (RASANA : 1.6 MG/1G) (TAGAR : 3.2 MG/1G) (KUSHTHA : 4.8 MG/1G) (IRIMED : 134 MG/1G) (KHADIR : 134 MG/1G) (KARPOOR : 1 MG/1G) (YASTIMADHU : 40 MG/1G) (SHARKARA : 150 MG/1G)	GEL (10G, ALUMINIUM TUBE)	7	Take 1Gel 1 Time(s) per Day For 7 Day(s) others

Code	Generic	Dosage	Duration	Instructions
	(CAFFEINE ANHYDROUS : 1.5 MG/1G) (COOL MINT : 25.04 MG/1G) GEL			
0005-101701-0392	(ACECLOFENAC : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others
0006-106601-0392	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	5	Take 2Tablets 3 Time(s) per Day For 5 Day(s) others
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others

Date: 04-02-24(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: 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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