



1.HealthNet Policy Number

2.Patient Name

3.Patient Date of Birth & Sex

5.Nature of illness or Injury

6.Are You the patient's primary physician

7.Presenting Complaints:PRESCRIPTION REFIL FOR HYPER TENSION AND DIABETES

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

12.Etiology:

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

14.Plan / Details of Management

15.In Case of Hospitalization: Date of Admission:

16.

I038-000-115298342-01

Ahmed Alaaeldin Mohyeldin Elsayed Nada

19-07-82(dd/mm/yy)

Mobile No.0506690700

☐ Acute

☐ Chronic

☐ Emergency

☐ Yes

☐ No

☒ Male

☐ Female

2.Authorization Code:

ICD Code J06.9, I10, E08.65, J00, R50.9, R09.81

CPT code9,82947-1,0188-135906-2441,94640

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.,GRBS,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,nebulization with ventoline solution

b.Laboratiry Test:

c.Radiology / Investigations:

Date of Discharge:

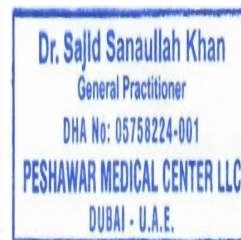
PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions
1144-253101-1162	(HEDERA HELIX (IVY) : 7MG/ML) SYRUP	SYRUP (200ML, GLASS BOTTLE)	7	Take 1Syrup 1 Time(s) per Day For 7 Day(s) others 10ML
0005-119805-1173	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (200S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0788-106705-1171	(CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	5	Take 2Tablets 3 Time(s) per Day For 5 Day(s) after meal
0005-116801-1162	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (5ML X 20, SACHET)	7	Take 1Syrup 1 Time(s) per Day For 7 Day(s) after meal
0137-127402-1451	(AZITHROMYCIN : 250 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	5	Take 2Tablets 1 Time(s) per Day For 5 Day(s) after meal
3114-220701-1171	(TELMISARTAN : 40 MG) TABLETS	TABLETS (28S, BLISTER)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0114-114201-1171	(GLIMEPIRIDE : 2 MG) TABLETS	TABLETS (30S, BLISTER PACK)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
2138-386003-0391	(ATORVASTATIN (AS CALCIUM) : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

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 Insured / Claimint

Copy of NGI - Pharmacy

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

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