1.HealthNet Policy Number I038-000-117185927-01 2. Authorization Code:

2.Patient Name AHMED MOHAMED AMER ELMAGHRABY

3.Patient Date of Birth & Sex 01-09-95(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0563582854

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

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

7.Presenting Complaints:

c/o runny nose,,sore throat ,watery eyes and stuffed nose SINCE 4 DAYS , 01/02/2024

ON EXAMINATION PT HAS HYPREMIC THROAT ,MILD WHEEZING IN CHEST

8.Duration of Symptoms:4 days

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute upper respiratory infection, unspecified, Acute pharyngitis, unspecified, Acute nasopharyngitis [common cold], Wheezing, Cough, Fever, unspecified

ICD Code J06.9, J02.9, J00, R06.2, R05, R50.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure 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.,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Glucose Quantitative Blood Xcpt Reagent Strip,Sedimentation Rate Rbc Non-Automated,(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION, (CEFTRIAXONE : 1 G) POWDER FOR INJECTION,Administered intravenously,Intravenous Injection,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,nebulization with ventoline solution

CPT code 9,85025,86140,82947,85651,0011-106618-1001,0125-122107-1022,0005-111805-1021,0195-107704-0802,96365,96374,0188-135906-2441,94640

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

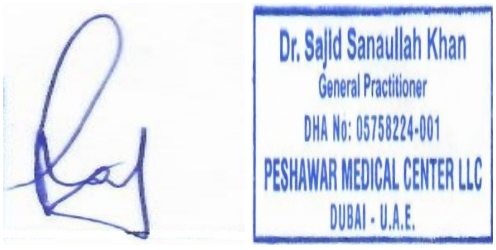
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0102-106704-1161	(CHLORPHENIRAMINE : 0.75 MG/5 ML) (PARACETAMOL : 120 MG/5ML) (PSEUDOEPHEDRINE : 15 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	7	Take 1Syrup 2 Time(s) per Day For 7 Day(s) others
0239-129702-2011	(BECLOMETHASONE DDIPROPIONATE : 50 MCG) NASAL AEROSOL SPRAY	NASAL AEROSOL SPRAY (200 DOSES (10ML) , UNIT)	7	Take 1Spray 1 Time(s) per Day For 7 Day(s) others
0005-119805-1171	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (1000S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others

Code	Generic	Dosage	Duration	Instructions
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
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 05-02-24(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: 05-02-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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