1.HealthNet Policy Number I038-000-118933628-01 2. Authorization Code:

2.Patient Name SHAMNAS KOTTAYIL YOUSEF YOUSEF

3.Patient Date of Birth & Sex 15-03-97(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0529901639

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

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

7.Presenting Complaints:PAINFUL MICTURATIOB SINCE 3 DAYS

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Acute nasopharyngitis [common cold], Cough, Pain in throat, Oth symptoms and signs involving the circ and resp systems, Wheezing, Urinary tract infection, site not specified, Painful micturition, unspecified

ICD Code J06.9, J00, R05, R07.0, R09.89, R06.2, N39.0, R30.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Intravenous Injection,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,nebulization with ventoline solution,Urinalysis Microscopic Only,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.,Intramuscular injection

CPT code0125-122107-1022,0078-149902-1021,96374,0188-135906-2441,94640,81015,9,96372

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
0097-658501-0251	(TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (10 X 4.25G, SACHET)	5	Take 1sachet 2 Time(s) per Day For 5 Day(s) others
0006-346601-0051	(PHENYLEPHRINE (SYSTEMIC) : N/A) (CAFFEINE : N/A) (PARACETAMOL : N/A) CAPLETS	CAPLETS (24S, BLISTER PACK)	5	Take 2Tablets 3 Time(s) per Day For 5 Day(s) others
0097-127402-0391	(AZITHROMYCIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	Take 2Tablets 1 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)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) others
0252-389802-1171	(PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) TABLETS	TABLETS (20S, BLISTER PACK)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0027-128802-1971	(XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL)	LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE)	7	Take 1Spray 3 Time(s) per Day For 7 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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