1.HealthNet Policy Number I038-000-120049636-01 2. Authorization Code:

2.Patient Name MOHAMED RAHEEZ

3.Patient Date of Birth & Sex 31-12-97(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0521192414

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 ,RUNNY NOSE ,FEVER ,HEADACHE AND BLOCKED EARS SINCE LAST 2 WEEKS,TOOK PARACETAMOL AND SOME COUGH SYRUP AT HOME BUT IS NOT RELIEVED COMPLAINS OF WEAKNESS AND BODYACHES SINCE 3 MONTHS ON &OFF

ON ASSESMENT PATIRNT HAS PALLOR AND PALE ORAL MUCOSA

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute upper respiratory infection, unspecified, Acute sinusitis, unspecified, Cough, Fever, unspecified, Acute nasopharyngitis [common cold], Pallor

ICD Code J06.9, J01.90, R05, R50.9, J00, R23.1

12.Etiology:

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

14.Plan / Details of Management

a.Procedure PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,Administered intravenously,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Sedimentation Rate Rbc Automated,Glucose Quantitative Blood Xcpt Reagent Strip,Hepatic Function Panel,Renal Function Panel,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.,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 code 2190-106618-1001,0219-107704-0801,96365,85025,86140,85652,82947,80076,80069,9,96375

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
0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
2552-624301-3591	(AZELASTINE HCL : 1 MG / 1 ML) (FLUTICASONE PROPIONATE : 0.365 MG / ML) SUSPENSION FOR NASAL SPRAY	SUSPENSION FOR NASAL SPRAY (23G, AMBER GLASS BOTTLE+SPRAY PUMP+NASAL APPLICATOR)	7	Take 1Spray 3 Time(s) per Day For 7 Day(s) others
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 1OML Syrup 1 Time(s) per Day For 7 Day(s) others
0006-106601-0392	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	7	Take 2Tablets 3 Time(s) per Day For 7 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
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: 06-02-24(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: 06-02-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet