1.HealthNet Policy Number I038-000-119346403-01 2. Authorization Code:

2.Patient Name BEENISH BILLU WILLIAM

3.Patient Date of Birth & Sex 10-01-91(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0506082785

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

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

7.Presenting Complaints:

C/o: Still complained of low back pain.

Said to be on the right side only and radiates to the back

There is also a mass on her gluteal cleft which becomes painful during episodes of the pain.

There is no fever.

Sciatica suspected, but patient is referred for proper management

There is no history of weight loss.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiLow back pain, Spondylolisthesis, sacral and sacrococcygeal region, Sciatica, right side ICD Code M54.5, M43.18, M54.31

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. CPT code9

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
0619-149914-0741	(DICLOFENAC SODIUM : 140 MG) PLASTER	PLASTER (10 (14CM X 10CM), PACK)	7	Take 1Units 4 Time(s) per Day For 7 Day(s) others
0090-122303-0392	(ETORICOXIB : 90 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	60	Take 1Tablets 1Time(s) perDay For 60 Day(s) after meal
0027-142201-0831	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	7	Take 1sachet 3 Time(s) per Day For 7 Day(s) others

Date: 10-02-24(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: 10-02-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet