



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:

I038-000-115298013-01

2. Authorization Code:

NITHIN KUMAR THEKKE KARA

26-06-90(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0525406602

☐ Acute ☐ Chronic ☐ Emergency

☐ Yes ☐ No

C/O HEADACHE,FLU,FEVER,BODY PAINS ESPECIALLY IN NECK AND BACK SINCE 2 DAYS

NOSE IS RUNNY AND SOMETIMES STUFFY

ON EXAMINATION PT SEEMS GENERALLY UNWELL HAS SOME HAS CHEST CONGESTION AND THROAT IS HYPREMIC AND CONGESTED AND TONSILLS ARE SIGNIFICANTLY INFLAMMED

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfghical History

DiagonosisiAcute tonsillitis, unspecified, Cough, Fever, unspecified, Sneezing, Headache, unspecified, Pain in throat

ICD Code J03.90, R05, R50.9, R06.7, R51.9, R07.0

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.,C-Reactive Protein,Blood Count Complete Auto&Auto Difrntl Wbc Count,Glucose Quantitative Blood Xcpt Reagent Strip,Sedimentation Rate Rbc Non-Automated,25 Hydroxy Includes Fractions If Performed,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(CEFTRIAXONE : 1 G) POWDER FOR INJECTION, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,5% W/V DEXTROSE 0.45% & W/V SODIUM CHLORIDE-(DEXTROSE : 5% W/V) (SODIUM CHLORIDE : 0.45% W/V) SOLUTION,Administered intravenously,IV fluid admisitration,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
code9,86140,85025,82947,85651,82306,2190-106618-1001,0195-107704-0802,0125-122107-1021,2849-100143-0991,96365,96360,96375

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions
0005-116801-1161	(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 (120ML, BOTTLE)	7	Take 10 ML Syrup 1 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)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others

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
0005-252201-0391	(CAFFEINE : 65 MG) (IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 3 Time(s) per Day For 7 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: 11-02-24(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: 11-02-24(dd/mm/yy) Signature of Insued / Claimint



Copy of NGI - Pharmacy

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