1.HealthNet Policy Number I038-000-118863833-01 2. Authorization Code:

2.Patient Name AYESHA BABAR BABAR BASHIR

3.Patient Date of Birth & Sex 10-06-97(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0505884109

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

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

7.Presenting Complaints:C/O BODY PAINS ,FEVER,BURNING MICTURATION AND DISTURBED SLEEP SINCE 1 WEEK

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiUrinary tract infection, site not specified, Myalgia, unspecified site, Pain, unspecified, Strain of muscle, fascia and tendon of lower back, init, Sleep deprivation, Acute gastritis without bleeding, Gastro-esophageal reflux disease without esophagitis

ICD Code N39.0, M79.10, R52, S39.012A, Z72.820, K29.00, K21.9

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
1176-345301-0061	(MELATONIN : 3 MG) CAPSULES	CAPSULES (60S, BOTTLE)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)
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
6076-482003-0392	(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0993-385702-0341	(*PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (30S, BLISTER PACK)	7	Take 1Tablets 1Time(s) perDay For 7 Day(s) before meal
0717-226501-2401	(EPERISONE : 50 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others
1479-345303-1171	(MELATONIN : 2 MG) TABLETS	TABLETS (30S, BLISTER PACK)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

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

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

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