1.HealthNet Policy Number I038-000-117832845-01 2. Authorization Code:

2.Patient Name JOBIN BABU BABU CHACKO

3.Patient Date of Birth & Sex 07-02-91(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0566683562

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

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

7.Presenting Complaints:

feeling of numbness and pain in whole body,feeling of weakness and nausea since 2 weeks

on assesment pt has pallor of skin and hands and yellow discoloration of conjunctiva

history of hyperlipidemia

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiHyperlipidemia, unspecified, Unspecified jaundice, Weakness, Pallor, Mixed hyperlipidemia ICD Code E78.5, R17, R53.1, R23.1, E78.2

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.,Blood Count Complete Auto&Auto Difrntl Wbc Count,Hepatic Function Panel,Glucose Quantitative Blood Xcpt Reagent Strip,Lipid Panel,Bilirubin Total,Bilirubin Direct,Phosphatase Alkaline Isoenzymes,Albumin Serum Plasma/Whole Blood,Transferase Aspartate Amino Ast Sgot,Transferase Alanine Amino Alt Sgpt CPT code9,85025,80076,82947,80061,82247,82248,84080,82040,84450,84460

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

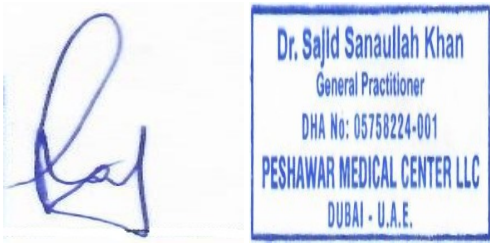
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 15-02-24(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: 15-02-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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HealthNet