1.HealthNet Policy Number	I038-000-120183373-01	2. Authorization Code:	
2.Patient Name	UPALI KARIYAWASAM HAPUTHANTHRI		
3.Patient Date of Birth & Sex	07-06-87(dd/mm/yy)		☑ Male ☐ Female
	Mobile No.0525383410		
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency		
6.Are You the patient's primary physician	☐ Yes ☐ No		

7.Presenting Complaints:

c/o flu,cough,fever ,symptoms are recurrent since 3 days for now and not getting relieved with oral medicine

c/o headache, body pain and little blood in sputum while coughing on examination chest is severly congested

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute bronchitis, unspecified, Unspecified acute lower respiratory infection, Fever, unspecified, Cough, Pain, unspecified, Wheezing	ICD Code J20.9, J22, R50.9, R05, R52, R06.2

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,C-Reactive Protein,Sedimentation Rate Rbc Non-Automated,Glucose Quantitative Blood Xcpt Reagent Strip, (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, (CEFTRIAXONE : 1 G) POWDER FOR INJECTION, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,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),Administered intravenously,PULMICORT-(BUDESONIDE : 0.5 MG/ML)	CPT code9,85025,86140,85651,82947,0005-106618-1001,0397-107704-0801,0125-122107-1022,0005-111805-1021,96375,96365,0188-135906-2441,94640

SUSPENSION FOR NEBULIZATION,nebulization with ventoline solution

b.Laboratiry Test:

c.Radiology / Investigations:

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

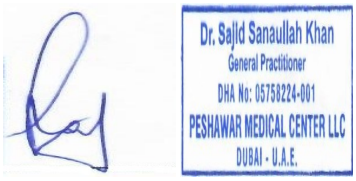
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
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) after meal
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) after meal
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 1oml syrup 1 Time(s) per Day For 7 Day(s) after meal
0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0009-127405-0391	(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal

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

Copy of NGI - Pharmacy

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