1.HealthNet Policy Number I038-000-115298086-01 2. Authorization Code:

2.Patient Name MA JOSEPHINE REFUNDO AUSTRIA

3.Patient Date of Birth & Sex 18-10-78(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0502821996

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

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

7.Presenting Complaints:C/o: Cough, pain in throat and coughing. since the past 2 days.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute nasopharyngitis [common cold], Allergic rhinitis, unspecified, Essential (primary) hypertension, Hyperlipidemia, unspecified, Other long term (current) drug therapy, Hyperuricemia w/o signs of inflam arthrit and tophaceous dis

ICD Code J00, J30.9, I10, E78.5, Z79.899, E79.0

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.

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
0207-112401-1171	(ALLOPURINOL : 100 MG) TABLETS	TABLETS (100S, BLISTER PACK)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
2138-151103-0391	(VALSARTAN : 80 MG) (HYDROCHLOROTHIAZIDE : 12.5 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
1724-386002-0391	(ATORVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)
0005-114501-2481	(AMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (100ML, GLASS BOTTLE)	7	Take 10ML 3 Time(s) per Day For 7 Day(s) others
0205-147701-0391	(CETIRIZINE : 5 MG) (PSEUDOEPHEDRINE : 120 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) evening

Date: 16-02-24(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: 16-02-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae