



1.HealthNet Policy Number	1038-000-115298141-01	2. Authorization Code:
2.Patient Name	Rosaly Ignacio Arellano	
3.Patient Date of Birth & Sex	12-06-76(dd/mm/yy)	☐ Male ☒ Female
5.Nature of illness or Injury	Mobile No.0501785987	
6.Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency	
7.Presenting Complaints:	☐ Yes ☐ No	
C/o: Coughing, dry and itching throat, Cough is productive of clear sputum. symptoms onset is 3days ago (14/02/2024). On daily warfarin due to valve replacement in 2015.		
8.Duration of Symptoms:		
9.Onset of Condition:		
10.Relevant Past Medical/Surgical History		
Diagnosis	Acute pharyngitis due to other specified organisms, Hemorrhagic disorder/t extrinsic circulating anticoagulants, Hemorrhagic condition, unspecified, Acute nasopharyngitis [common cold]	
ICD Code	J02.8, D68.32, D69.9, J00	
12.Etiology:		
13.In case of Injury:mode of Injury/place of Injury		
14.Plan / Details of Management		
a.Procedure	INTERNATIONAL NORMALISED RATIO(INR),Office 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 families 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.	
b.Laboratory 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
	0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0097-127402-0391	(AZITHROMYCIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
0005-106601-1171	(PARACETAMOL : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	Take 2Tablets 3 Time(s) per Day For 3 Day(s) after meal
1204-571401-1161	(GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) (TRIPROLIDINE HCL : 1.25 MG/5ML) SYRUP	SYRUP (120ML, GLASS BOTTLE)	7	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal

Date: 17-02-24(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: 17-02-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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