



1.HealthNet Policy Number

2.Patient Name

3.Patient Date of Birth & Sex

5.Nature of illness or Injury

6.Are You the patient's primary physician

7.Presenting Complaints:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

12.Etiology:

13.In case of Injury:mode of Injury/place of Injury

14.Plan / Details of Management

15.In Case of Hospitalization: Date of Admission:

16.

2. Authorization Code:

PANKAJ KUMAR PRAKASH CHAND

23-05-93(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0581519851

☐ Acute ☐ Chronic ☐ Emergency

☐ Yes ☐ No

ICD Code J03.80, J02.9, R50.81, R05

CPT code9

Date of Discharge:

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
1267-141604-0082	(ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (40S, BLISTER PACK)	5	Take 1Tablets 4Time(s) perDay For 5 Day(s) morning
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0137-242801-0342	(PANTOPRAZOLE (AS SODIUM) : 20 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (30S, BLISTER)	15	Take 1Tablets 2 Time(s) per Day For 15 Day(s) before meal

Code	Generic	Dosage	Duration	Instructions
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: 24-02-24(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: 24-02-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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