

1.HealthNet Policy Number	1038-000- 117554685-01	2. Author Code:	ization
2.Patient Name	PANKAJ KUMAR I	PRAKASH	CHAND
3.Patient Date of Birth & Sex	23-05-93(dd/mr	m/yy)	✓ Male ☐ Female
	Mobile No.0582	1519851	
5.Nature of illness or Injury	☐ Acute ☐ Chi	ronic 🗆	Emergency
6.Are You the patient's primary physician	☐ Yes ☐ No		
7.Presenting Complaints:			
C/o: Nausea and vomiting post prandial.			
Had a fainting episode yesterday for which an ambulance was called, ECG and exa hence he was taken home.	mination done v	vere sai	d to be normal,
Hands and feets now feels numb upon waking up.			
Also has dry cough and body pains.			
Had fever 2 days ago and yesterday prior to blacking out.			
8.Duration of Symptoms:			
9.Onset of Condition:			
10.Relevent Past Medical/Surfgical History			
DiagonosisiAcute tonsillitis due to other specified organisms, Acute pharyngitis, unspecified, Fever presenting with conditions classified elsewhere, Cough	ICD Code J03.80), J02.9, F	R50.81, R05
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 Dischar	rge:	

- 1	
	h
_	ο.

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

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

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

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