



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:

30-03-86(dd/mm/yy)

Mobile No.0564692300

☐ Acute

☐ Chronic

☐ Emergency

☐ Yes

☐ No

☒ Male

☐ Female

SEGU SEYED AKBAR ALI AKBAR ALI

C/o: Fever and cold since 3days,
Also coughing, and pain in neck.
Also has upper abdominal pain with excessive belching and feeling of abdominal tightness.

DiagnosisAcute upper respiratory infection, unspecified, Acute tonsillitis, unspecified, Nasal congestion, Allergic rhinitis, unspecified

ICD Code J06.9, J03.90, R09.81, J30.9

CPT code9,85025,86140,96365,0195-107704-0801,0005-149902-1021,0125-122107-1022,96372,96375

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 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.,Blood Count Complete Auto&Auto Diffrntl Wbc Count,C-Reactive Protein,Administered intravenously,CEFTRIAXONE-TABUK IV,CLOFEN ,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Intramuscular injection,therapeutic, 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)

b.Laboratory Test:

c.Radiology / Investigations:

Date of Discharge:

PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions
0027-128802-2021	(XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS	NASAL DROPS (10ML, BOTTLE)	5	Take 1Drops 2 Time(s) per Day For 5 Day(s) others
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) after meal

Code	Generic	Dosage	Duration	Instructions
0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 2Tablets 1 Time(s) per Day For 7 Day(s) after meal
0097-127405-0391	(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
1516-107902-1171	(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 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 2Time(s) perDay For 10 Day(s) after meal

Date: 26-02-24(dd/mm/yy)

Doctor's Name Sajid Sanaullah

Signature and Stamp




Physician Code DHA-P-5758224 HNM Code

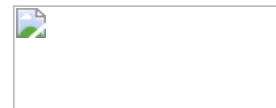
Authorization

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: 26-02-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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