



1.HealthNet Policy Number	2. 1038-000-118863833-01 Authorization Code:
2.Patient Name	AYESHA BABAR BABAR BASHIR
3.Patient Date of Birth & Sex	10-06-97(dd/mm/yy) ☐ Male ☒ Female
5.Nature of illness or Injury	Mobile No.0505884109
6.Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency
7.Presenting Complaints:Still has upper abdominal pain and tightness.	☐ Yes ☐ No
8.Duration of Symptoms:	
9.Onset of Condition:	
10.Relevant Past Medical/Surgical History	
DiagnosisAcute gastritis without bleeding, Gastro-esophageal reflux dis with esophagitis, without bleed	ICD Code K29.00, K21.00
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 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.,Intravenous Injection,PANTONIX 40MG I.V.	CPT code9,96374,0005-242802-0781
b.Laboratory Test:	
c.Radiology / Investigations:	

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

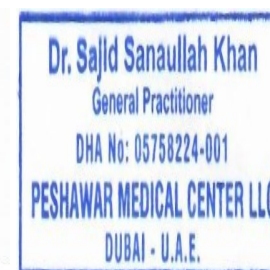
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
1614-530501-0611	(DEXLANSOPRAZOLE : 60 MG) MODIFIED RELEASE CAPSULES	MODIFIED RELEASE CAPSULES (28S, BLISTER PACK)	28	Take 1 Tablets 1 Time(s) per Day For 28 Day(s) others
0005-141604-0081	(ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	7	Take 1 Tablets 4 Time(s) per Day For 7 Day(s) others

Date: 28-02-24(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: 28-02-24(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

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

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