



1.HealthNet Policy Number	I038-000-115298150-01	2. Authorization Code:
2.Patient Name	SOUKAINA BENRAQQUOUC	
3.Patient Date of Birth & Sex	23-12-92(dd/mm/yy)	☐ Male ☒ Female
	Mobile No.0522493001	
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency	
6.Are You the patient's primary physician	☐ Yes ☐ No	
7.Presenting Complaints:		
	c/o vomiting and loose stool since 1 day	
	multiple episodes of vomiting and loose stool	
	on assesment patient looks dehydrated	
8.Duration of Symptoms:		
9.Onset of Condition:		
10.Relevent Past Medical/Surfgical History		
Diagonosis	Infectious gastroenteritis and colitis, unspecified, Dehydration, Gastritis, unspecified, without bleeding, Nausea with vomiting, unspecified	
	ICD Code A09, E86.0, K29.70, R11.2	
12.Etiology:		
13.In case of Injury:mode of Injury/ place of Injury		
14.Plan / Details of Management		
a.Procedure	LACTATED RINGERS	
INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A)	CPT code0102-152902-1001,0005-136504-1021,0005-150403-1021,0005-242802-0781,96365,9	

(SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,PREMOSAN - (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,Administered intravenously,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 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.

b.Laboratiry 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
0219-533801-0392	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	7	Take 1Capsule 1 Time(s) per Day For 7 Day(s) before meal

Code	Generic	Dosage	Duration	Instructions
0102-230603-0831	(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (28.5G X 10, SACHET)	5	Take 1sachet 2 Time(s) per Day For 5 Day(s) before meal
0005-150407-1171	(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (1000S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) before meal
0170-116610-1171	(METRONIDAZOLE : 200 MG) TABLETS	TABLETS (21S, PLASTIC BOTTLE)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal
5098-482002-0391	(CIPROFLOXACIN (AS HYDROCHLORIDE) : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	5	Take 2Tablets 2 Time(s) per Day For 5 Day(s) after meal

Date: 12-03-24(dd/mm/yy)

Doctor's Name Maimoona

Signature and Stamp

Physician Code DHA-P-65822348 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: 12-03-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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