1.HealthNet Policy Number: I038-000-115298246-01 2. Authorization Code:

2.Patient Name: GLENN MARK RIVERA TABAY

3.Patient Date of Birth & Sex: 16-07-89(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0545109007

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

C/O SORE THROAT ,COUGH AND BODY PAIN SINCE 2 DAYS

LEG CRAMPS AND PAIN IN FEET AND CALVES SINCE 2 WEEKS

NO KNOWN MEDICINE ALLERGIES

ON EXAMINATION THROAT IS HYPREMIC

PLAN OF CARE

TREAT ACUTE SYMPTOMS AND RULE OUT HYPERLIPIDIEMIA

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiPain in throat, Pain, unspecified, Acute pharyngitis, unspecified, Hyperlipidemia, unspecified ICD Code R07.0, R52, J02.9, E78.5

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Glucose Quantitative Blood Xcpt Reagent Strip,Sedimentation Rate Rbc Non-Automated,Lipid Panel,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.

CPT code85025,86140,82947,85651,80061,9

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0252-185801-	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED	FILM COATED TABLETS (20S,	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s)

Code	Generic	Dosage	Duration	Instructions
0391	TABLETS	BLISTER PACK)		after meal
2027-560101-0391	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (32S, BLISTER)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal
0005-116801-1162	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (5ML X 20, SACHET)	7	Take 1oml Syrup 1 Time(s) per Day For 7 Day(s) after meal
0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal

Date: 17-03-24(dd/mm/yy)

Signature and Stamp

Doctor's Name Maimoona

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: 17-03-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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