1.HealthNet Policy Number I038-000-114978705-01 2. Authorization Code:

2.Patient Name ricardo pastoril

3.Patient Date of Birth & Sex 31-12-69(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0589236575

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

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

7.Presenting Complaints:

Cough and chest pain with difficulty breathing at night.

Not a known hypertensive, has no leg swelling nor abdominal swelling.

No othopnea and no paroxysmal nocturnal dyspnea.

He is a known seasonal asthmatic as he claims his asthma only comes during the winter periods.

Claims to use ventolin inhaler only.

Bp at presentation is noticed to be markedly elevated (patient claims he is not a known hypertensive and is not on any medication).

Chest: Audible wheezing.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiMild persistent asthma with (acute) exacerbation, Acute bronchitis, unspecified, Essential (primary) hypertension, Hyperlipidemia, unspecified ICD Code J45.31, J20.9, I10, E78.5

12.Etiology:

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

14.Plan / Details of Management

a.Procedurenebulization with ventoline solution,VENTOLIN NEBULES,PULMICORT,Blood Count Complete Auto&Auto Difrntl Wbc Count,Lipid Panel,Renal Function Panel,Hemoglobin Glycosylated A1C,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 code94640,0006-402803-2071,0188-135906-2441,85025,80061,80069,83036,9

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
0195-148602-0391	(CLARITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal
0071-155102-1171	(AMLODIPINE : 10 MG) (PERINDOPRIL : 5 MG) TABLETS	TABLETS (30S, POLYPROPYLENE TUBE)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) morning
0006-124507-1392	(SALBUTAMOL : 100 MCG) AEROSOL INHALER	AEROSOL INHALER (200 DOSE, BLISTER IN DISKUS)	30	Take 2 puff as often as needed.
0090-265901-1171	(MONTELUKAST : 10 MG) TABLETS	TABLETS (28S, BLISTER PACK)	60	Take 1Tablets 1Time(s) perDay For 60 Day(s) evening

Date: 03-04-24(dd/mm/yy)

Signature and Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI : U.A.E.

Doctor's Name Enomen Goodluck

Physician Code DHA-P-28040827 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: 03-04-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet