1.HealthNet Policy Number: I038-000-119250381-01 2. Authorization Code:

2.Patient Name: MOHSIN MALIK

3.Patient Date of Birth & Sex: 10-06-92(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0528724764

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

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

7.Presenting Complaints:

Headache, neck pain and weakness.

There is no fever, no sorethroat, no cough, no running nose and no urinary symptoms.

Had 2 episodes of vomiting today.

No photophobia, no phonophobia

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute gastritis without bleeding, Migraine with aura, intractable, without status migrainosus, Headache, unspecified, Cervicalgia ICD Code K29.00, G43.119, R51.9, M54.2

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureIntramuscular injection,CLOFEN ,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.,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein CPT code96372,0005-149902-1021,9,85025,86140

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

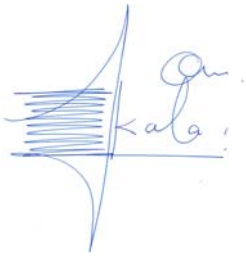
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
4884-143701-1451	(CELECOXIB : 200 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (10S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0006-199803-1172	(SUMATRIPTAN : 100 MG) TABLETS	TABLETS (2S, BLISTER PACK)	2	Take 1Tablets 1Time(s) perDay For 2 Day(s) evening

Code	Generic	Dosage	Duration	Instructions
0005-106601-1171	(PARACETAMOL : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	Take 2Tablets 3Time(s) perDay For 3 Day(s) others
0188-232401-0391	(ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2Time(s) perDay For 7 Day(s) before 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: 08-04-24(dd/mm/yy)

Signature and Stamp



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: 08-04-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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