

1.HealthNet Policy Number	1038-000- 120420177-01	2. Autho Code:	rization	
2.Patient Name	Vino Pallimattath Vijayan vijayan Pallimattath			
3.Patient Date of Birth & Sex	20-10-91(dd/mm/yy)		✓ Male □ Female	
	Mobile No.0568153983			
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency			
6.Are You the patient's primary physician	☐ Yes ☐ No			

Pain in throat since the past 3 days, also intermittent fever that is transiently responsive to pcm.

Also has cough productive of yellow sputum.

Had severe abdominal pain yesterday which has now got better.

He is not a known hypertensive and not diabetic.

8. Duration of Symptoms:

7. Presenting Complaints:

- 9.Onset of Condition:
- 10. Relevent Past Medical/Surfgical History

DiagonosisiAcute pharyngitis, unspecified, Acute tonsillitis due to other specified organisms, Fever, unspecified, Allergic rhinitis, unspecified, Acute gastritis without bleeding

- 12. Etiology:
- 13.In case of Injury:mode of Injury/place of Injury
- 14.Plan / Details of Management
 - a.ProcedureAdministered intravenously, CEFTRIAXONE-TABUK IV, CLOFEN , DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE: 4 MG/ML) SOLUTION FOR INJECTION, PANTONIX 40MG I.V., PREMOSAN - (METOCLOPRAMIDE: 10 MG/2ML) SOLUTION FOR INJECTION, Intramuscular injection, Blood Count Complete Auto&Auto Difrntl Wbc Count, C-Reactive Protein, 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., INJECTION SERVICE-IM, INJECTION SERVICE-IV

CPT code96365,0195-107704-0801,0005-149902-1021,0125-122107-1022,0005-242802-0781,0005-150403-

1021,96372,85025,86140,9,96372,96374

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission:

Date of Discharge:

Code	Generic	Dosage	Duration	Instructions
0139- 116207- 1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 Time(s per Day For 7 Day(s) after meal
0005- 116801- 2481	(SODIUM CITRATE: 57 MG/5ML) (AMMONIUM CHLORIDE: 131.5 MG/5 ML) (MENTHOL: 1.1 MG/5 ML) (DIPHENHYDRAMINE: 13.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, GLASS BOTTLE)	5	Take 10ML 3 Time(s) per Day For 5 Day(s) after meal
2027- 560101- 0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	8	Take 1Tablets 2 Time(per Day For 8 Day(s) after meal

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Code	Generic	Dosage	Duration	Instructions		
0137- 242802- 0341	(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (15S, BLISTER)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) before meal		
0195- 123701- 0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1Time(s) perDay For 10 Day(s) evening		
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: 18-04-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

Dr. Enomen Goodluck Ekata General Precibioner DHA No: 2040/ART-411 PESHAWAR MEDICAL CENTER LLC BUSAI : U.A.E.

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: 18-04-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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



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