1.HealthNet Policy Number I038-000-115298209-01 2. Authorization Code:

2.Patient Name Sobish Pullarathara Balan

3.Patient Date of Birth & Sex 16-05-86(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0509803581

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

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

7.Presenting Complaints:

co ear pain from 1 day weakness 1 day 1

cannot move jaw due to severe pain

oe ear is inflamed reddish and hard no pus

vitals stable

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiOtalgia, left ear, Jaw pain, Weakness, Pain, unspecified, Fever, unspecified ICD Code H92.02, R68.84, R53.1, R52, R50.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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., (CEFTRIAXONE : 1 G) POWDER FOR INJECTION,Administered intravenously,(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,Intramuscular injection,(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION CPT code9,0195-107704-0802,96365,0027-142201-0831,96372,0027-142201-0831

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

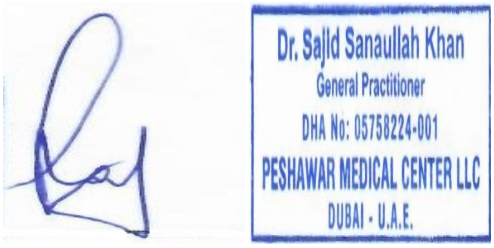
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0152-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 3 Time(s) per Day For 7 Day(s) others
7020-993001-1171	(VITAMIN B12 (CYANOCOBALAMIN) : 18 MCG) (VITAMIN D3 (CHOLECALCIFEROL) : 5 MCG) (VITAMIN E : 26.84 MG) (VITAMIN K1 : 25 MCG) (VITAMIN C (ASCORBIC ACID) : 120 MG) (BIOTIN : 40 MCG) (FOLIC ACID : 0.4 MG) (PANTOTHENIC ACID : 10 MG) (IODINE (AS POTASSIUM IODIDE) : 0.15 MG) (CALCIUM (AS CARBONATE + CALCIUM PHOSPHATE DIBASIC) : 100 MG) (PHOSPHORUS (AS CALCIUM PHOSPHATE DIBASIC) :	TABLETS (30S, BOTTLE)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others

Code	Generic	Dosage	Duration	Instructions
	48 MG) (MAGNESIUM OXIDE : 45 MG) (IRON (FERROUS FUMARATE) : 14 MG) (COPPER SULFATE : 0.7 MG) (MANGANESE SULFATE : 4 MG) (CHR			
0669-533801-0391	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0011-179001-0111	(CAFFEINE : 65 MG) (PARACETAMOL : 250 MG) (ASPIRIN : 250 MG) COATED TABLETS	COATED TABLETS (24S, BOTTLE)	7	Take 2Tablets 4 Time(s) per Day For 7 Day(s) others

Date: 19-04-24(dd/mm/yy)

Signature and Stamp



Doctor's Name Sajid Sanaullah

Physician Code DHA-P-5758224 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: 19-04-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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