



1.HealthNet Policy Number

I038-000-
115298230-012.
Authorization
Code:

2.Patient Name

Waqar Ahmad Manzoor Ahmad

3.Patient Date of Birth & Sex

05-08-93(dd/mm/yy)

☒ Male ☐
Female

Mobile No.0588210257

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

co dry cough 4 days headache 1 days

pain in throat 2 days itching all over the body 2 days

oe chest congested no added sounds

moderate erthmia in throat

vital I stable

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Acute upper respiratory infection, unspecified, Acute pharyngitis, unspecified,
Headache, unspecified, Allergy, unspecified, sequela

ICD Code J06.9, J02.9, R51.9, T78.40XS

12.Etiology:

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

14.Plan / Details of Management

a.Procedure: CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION, 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 families 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 code 0005-149902-1021,9

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0095-238001-0171	(DICLOFENAC ACID : 46.5MG) DISPERSIBLE TABLETS	DISPERSIBLE TABLETS (20S, BLISTER PACK)	7	Take 1 Tablets 3 Time(s) per Day For 7 Day(s) others
0097-393801-	(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP	SYRUP (ALCOHOL FREE) (100ML, GLASS	7	Take 2 Tablets 3 Time(s) per Day For 7 Day(s)

Code	Generic	Dosage	Duration	Instructions
2471	(ALCOHOL FREE)	BOTTLE)		others
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others
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) others

Date: 21-04-24(dd/mm/yy)

Doctor's Name Sajid Sanaullah

Signature and Stamp




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: 21-04-24(dd/mm/yy) Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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