1.HealthNet Policy Number: I038-000-117669243-01

2. Authorization Code:

2.Patient Name: SYED ARSALAN JAVED BANOORI SYED ILYAS HAIDER JAVED

3.Patient Date of Birth & Sex: 17-09-91(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0521983186

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

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

7.Presenting Complaints:

Difficulty breathing and wheezing especially at night, cough productive of slight clear sputum and chest pain.

No fever,

Not previously a known asthmatic, not hypertensive and not diabetic.

He is obese looking with a BMI of 36.25

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiMild intermittent asthma with (acute) exacerbation, Acute bronchitis, unspecified, Allergic rhinitis, unspecified, Acute pansinusitis, unspecified

ICD Code J45.21, J20.9, J30.9, J01.40

12.Etiology:

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

14.Plan / Details of Management

a.Procedurenebulization with ventoline solution,PULMICORT,CHLOROHISTOL 10MG,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CEFTRIAXONE-TABUK IV,Administered intravenously,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.,Intramuscular injection

CPT code94640,0188-135906-2441,0005-111805-1021,2190-106618-1001,0125-122107-1022,0195-107704-0801,96365,9,96372

b.Laboratiry Test:

c.Radiology / Investigations:

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

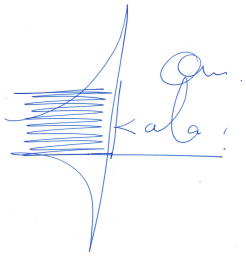
16. PRESCRIPTION WITH DOSAGE & DURATION

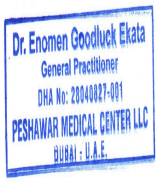
Code	Generic	Dosage	Duration	Instructions
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) others
0993-649501-3591	(MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) SUSPENSION FOR NASAL SPRAY	SUSPENSION FOR NASAL SPRAY (140 DOSE, METERED DOSE SPRAY)	7	Take 2Drops 2 Time(s) per Day For 7 Day(s) others
0070-148701-1171	(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) evening
5790-272103-3782	(BUDESONIDE : 160 MCG) (FORMOTEROL FUMARATE : 4.5 MCG) DRY POWDER INHALER	DRY POWDER INHALER (120 DOSE, METERED DOSE INHALER)	30	Take 2Puff 1 Time(s) per Day For 30 Day(s) evening
0090-265901-1171	(MONTELUKAST : 10 MG) TABLETS	TABLETS (28S, BLISTER PACK)	30	Take 1Tablets 1Time(s) perDay For 30 Day(s) evening
0005-119803-1171	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) others

Date: 23-04-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp





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: 23-04-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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