1.HealthNet Policy Number I038-000-118461907-01 2. Authorization Code:

2.Patient Name SIKANDER KHAN NADIR KHAN

3.Patient Date of Birth & Sex 05-01-88(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0551549659

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

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

7.Presenting Complaints:

PC: BLOATING

EPIGASTRIC PAIN 3 DAYS

HEADACHE

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute gastritis without bleeding, Epigastric pain, Headache, unspecified, Abdominal distension (gaseous) ICD Code K29.00, R10.13, R51.9, R14.0

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(METRONIDAZOLE : 0.5%) SOLUTION FOR INFUSION,RISEK 40MG,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Administered intravenously,Intramuscular injection,SCOPINAL,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. CPT code0135-116611-1001,0005-174202-0781,0005-149902-1021,96365,96372,0005-136504-1021,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

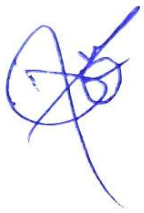
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
2093-596002-0432	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	7	Take 1Gel 2 Time(s) per Day For 7 Day(s) others
4179-711202-0391	(IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (12S, BLISTER)	7	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
6986-151717-0061	(SIMETHICONE : 250 MG) CAPSULES	CAPSULES (30S, BLISTER)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) before meal
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) before meal

Date: 24-08-24(dd/mm/yy)

Signature and Stamp



Doctor's Name AHSAN HUSSAIN

Physician Code DHA-P-87543658 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: 24-08-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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