1.HealthNet Policy Number I038-000-119624066-01 2. Authorization Code:

2.Patient Name DECHEN DEMA

3.Patient Date of Birth & Sex 13-10-00(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0589118504

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

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

7.Presenting Complaints:Fever, cough, pain in throat, headache, weakness, body pains and nasal congestion with sneezing.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Cough, Fever, unspecified, Pain in throat ICD Code J06.9, R05, R50.9, R07.0

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete,C reactive Protein,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,DEXAMETHASONE SODIUM PHOSPHATE,Intravenous Injection,Gp Consultation CPT code85025,86140,2190-106618-1001,0125-122107-1022,96374,9

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
2027-560101-0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	4	Take 1Tablets 2Time(s) perDay For 4 Day(s) after meal
0486-187404-0581	(FLURBIPROFEN : 8.75MG) LOZENGES	LOZENGES (16S, BLISTER PACK)	4	Take 1Tablets 4 Time(s) per Day For 4 Day(s) others
2118-290301-0391	(LEVOCETIRIZINE (DIHCL OR HCL) : 5 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0005-114501-2481	(AMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (100ML, GLASS BOTTLE)	7	Take 10ML 2 Time(s) per Day For 7 Day(s) others
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: 04-08-23(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - 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: 04-08-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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