

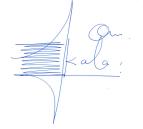
1.H	ealthNet Policy	Number		1038-0 12008	000- 36838-01	Author Code:	rization		
2.Pa	tient Name								
3.Pa	tient Date of Birth & Sex				01-11-00(dd/mm/yy)		✓ Male ☐ Female		
				Mob	ile No.055	8740635			
5.Na	ature of illness o	or Injury			☐ Acute ☐ Chronic ☐ Emergency				
6.Aı	e You the patie	□Ye	☐ Yes ☐ No						
7.Pr	esenting Compl								
Low	Low back pain since the past 5days.								
There is no fever, no othre complaint.									
8.Dı	8.Duration of Symptoms:								
9.0	9.Onset of Condition:								
10.F	Relevent Past M	edical/Surfgical History							
Diag	DiagonosisiLow back pain, Other spondylosis, lumbar region ICD Code M54.5, M47.896								
12.E	12.Etiology:								
13.1	n case of Injury:	mode of Injury/place of Injury							
14.F	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) CPT code9 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.								
	b.Laboratiry Test:								
	c.Radiology / Investigations:								
15.I	15.In Case of Hospitalization: Date of Addmission: Date of Discharge:								
16.	PRESCRIPTION WITH DOSAGE & DURATION								
	Code	Generic	Dosage	Duration	Instructio	ns			

PRESCRIPTION WITH DOSAGE & DURATION										
Code	Generic	Dosage	Duration	Instructions						
0009- 101701-1171	(ACECLOFENAC : 100 MG) TABLETS	TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal						
1217- 373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	15	Take 1Tablets 2Time(s) perDay For 15 Day(s) after meal						

Date: 27-05-24(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: 27-05-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

Health Vet

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