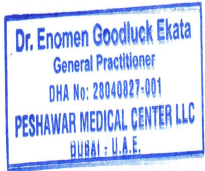
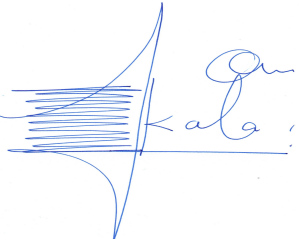


Claim Ref:

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
Chief Complaints : Symptoms: Skin rashes Duration/onset: 21/05/2024 (1week). History: Rashes are widely distributed on the trunk, both front and back as well as both axilla. it is pruritic. Past medical history: No history of previous symptoms, not hypertensive and not diabetic. Family history: Not relevant. Allergic history: None Occupational history: works as a chef and repeats his uniform, no history of overcrowding. Social history: smokes tobacco; 10 sticks per day, and takes alcohol occasionally. Claims to maintain good hygiene. Possible aetiology: Fungal skin infection (tenia versicolor), atopic dermatitis, dermatitis unspecified (eczema) Examination findings: Rashes are hyperpigmented patches distributed on the chest, back and both axilla. Plan: Counselling on need for improved hygiene, RBS is advised, antifungal medication recommended. Vitals:Temp : 37.1 Bp :126 Pulse :85 Resp :18 Clinical Findings: Diagnosis: L30.9 - Dermatitis, unspecified,L20.9 - Atopic dermatitis, unspecified,L29.9 - Pruritus, unspecified, Date of Onset :30/20/2024 Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,82948, REAGENT STRIP/BLOOD GLUCOSE,9, Consultation GP Prescriptions: 0031-109204-1172 - (TERBINAFINE (AS HCL) : 250 MG) TABLETS,0031-124403-0651 - (MOMETASONE FUROATE : 0.1%) OINTMENT,0070-148701-1171 - (LORATADINE : 10 MG) TABLETS,		
MEDICAL PRACTITIONER DECLARATION : I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.		PATIENT'S DECLARATION : I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.
Dr's Name : Enomen Goodluck	Stamp : 	Patient's signature{Parent : if minor} Date : 30-May-2024
Signature :  Date : 30-May-2024		