1.HealthNet Policy Number I038-000-118368778-01 2. Authorization Code:

2.Patient Name FIONA ANEK

3.Patient Date of Birth & Sex 05-08-96(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0525774543

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

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

7.Presenting Complaints:

Symptoms: Chest pain

Duration/Onset: 27/05/2024 (3days).

History of presenting complaint: Pain is located on the left side of the chest and back. It has been recurrent for the past 2months and said to be observed just a few days before her periods. It is made worse by change in posture and relieved upon lying down.

Past medical history: no significant pst meddical history, not hypertensive and not diabetic.

Family history: Not relevant.

Menstrual: attained menarchy at age ??14years, menstraute for 5days in an irregular cycle. Has a history of six months unexplained amenorrhea.

Social history: does not smoke and does not take alcohol.

Assessement: hypogonadic hypogonadism.

Plan: Refer to gynecologist.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiChondrocostal junction syndrome [Tietze], Other chest pain ICD Code M94.0, R07.89

12.Etiology:

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

14.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) 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 code9

b.Laboratiry Test:

c.Radiology / Investigations:

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

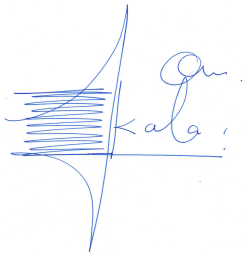
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0067-142201-0391	(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	15	Take 1Tablets 2 Time(s) per Day For 15 Day(s) after meal

Date: 30-05-24(dd/mm/yy)

Signature and Stamp



Doctor's Name Enomen Goodluck

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: 30-05-24(dd/mm/yy) Signature of Insued / Claimint

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