



1. HealthNet Policy Number

I038-000-
120542517-01

2.
Authorization
Code:

2. Patient Name

SIHAME KARIM

3. Patient Date of Birth & Sex

02-11-00(dd/mm/yy)

☐ Male ☒ Female

Mobile No. 0561340490

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints:

PC: vulva and vaginal itching with redness.

Also has pain and burning on passing urine with frequency of urine also

Duration: 4 days (09/06/2024).

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Urinary tract infection, site not specified, Vaginitis, vulvitis and vulvovaginitis in dis classd elswhr, Frequency of micturition

ICD Code N39.0, N77.1, R35.0

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: Blood Count Complete Auto & Auto Diffrntl Wbc Count, C-Reactive Protein, Urinal Dip Stick/Tablet Reagent Auto Microscopy, 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 patient's and/or family's 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 code 85025, 86140, 81001, 9

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

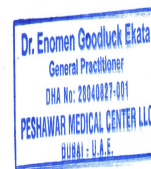
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0207-214402-0151	(BETAMETHASONE : N/A) (CLOTRIMAZOLE : N/A) CREAM	CREAM (20G, COLLAPSIBLE TUBE)	7	Take 1 Cream 2 Time(s) per Day For 7 Day(s) others
0067-140201-1452	(FLUCONAZOLE : 150 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (1S, BLISTER)	1	Take 1 Tablets 1 Time(s) per Day For 1 Day(s) after meal
0054-103201-0391	(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1 Tablets 2 Time(s) per Day For 5 Day(s) after meal

Date: 13-06-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



Physician Code DHA-P-28040827 HNM Code

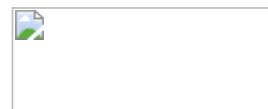
Authorization

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: 13-06-24(dd/mm/yy)

Signature of Insured / Claimant



Copy of NGI - Pharmacy

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

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