

1.He	1.HealthNet Policy Number				1038-000- 118368778-01		ization	
2.Pa	tient Name			FIONA	FIONA ANEK			
3.Patient Date of Birth & Sex				05-08-	05-08-96(dd/mm/yy)		☐ Male <a></a> Female	
					Mobile No.0525774543			
5.Na	Nature of illness or Injury				☐ Acute ☐ Chronic ☐ Emergency			
	Are You the patient's primary physician				☐ Yes ☐ No			
7.Pre	esenting Comp	laints:						
Ches	t pain.							
Dura	tion: 1day							
Previously seen for similar complaint about a month ago.								
NSAID was given at that time for which she claims tremendous improvement and has been pain free since then until yesterday.								
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								
<ul> <li>a.ProcedureOffice consultation for a new or established patient, which requires these 3</li> <li>key components: A problem focused history; A problem focused examination; and</li> </ul>								
	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							
	amily.							
	p.Laboratiry Test:							
	c.Radiology / Investigations:  15.In Case of Hospitalization: Date of Addmission:  Date of Discharge:							
16. PRESCRIPTION WITH DOSAGE & DURATION								
- 5.	TRESCRIPTION WITH DOSAGE & BOTATION							
	Code	Generic  (TOLDEDISONE - 150 MC) SUICAD	Dosage	Duration				
	1217- 373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	15		blets 2 Ti ay(s) afte	me(s) per Day r meal	

FILM COATED TABLETS

(10S, BLISTER PACK)

5

FILM COATED TABLETS

(DICLOFENAC POTASSIUM: 50 MG)

0067-

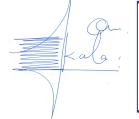
142201-0391

Take 1Tablets 2 Time(s) per Day

For 5 Day(s) after meal

26-06-24(dd/mm/yy) Date:

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

26-06-24(dd/mm/yy) Signature of Insued / Claimint Date:

Copy of NGI - Pharmacy

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



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