1.HealthNet Policy Number I038-000-115298270-01 2. Authorizatic Code:

2.Patient Name LUCIEN MARCEL AKOMO

3.Patient Date of Birth & Sex 16-01-81(dd/mm/yy) ☑ M Fema

Mobile No.0525197475

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

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

7.Presenting Complaints:

Represented 5months later with same swelling and pain on the left groin.Had previously been referred to see the general surg specialist 5months ago but did not go as he felt better after taking analgesics Patient is recounselled on the need to sort surge evaluation.

co again getting pain on the same region but ndo not want to go for any specielist

advised go to the surgeon

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiUnilateral femoral hernia, w/o obst or gangrene, recurrent, Acute lymphadenitis, unspecified ICD Code K41.91, L04.9

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.,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Intramuscular injection CPT code9,0005-149902-1021,96372

b.Laboratiry Test:

c.Radiology / Investigations:

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

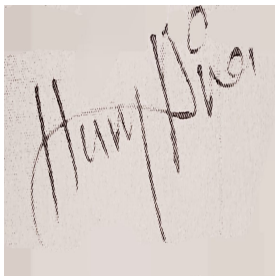
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
2093-596002-0432	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	1	Take 1Gel 1Time(s) For 1 Day(s) others
0027-142201-0831	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	5	Take 1sachet 2 Tim Day For 5 Day(s) ot

Date: 23-08-24(dd/mm/yy)

Signature and Stamp



Doctor's Name Humaira

Physician Code DHA-P-54155530 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 me examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other per provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medi 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: 23-08-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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