1.HealthNet Policy Number I038-000-119490855-01 2. Authorization Code:

2.Patient Name ROJEAN PESCADOR ELIZARIO

3.Patient Date of Birth & Sex 12-09-72(dd/mm/yy) ☐ Male ☑ Fer

Mobile No.0522363835

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

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

7.Presenting Complaints:

PC: Pain on the right hip joint,

No history of trauma.

Now menopausal

Currently on vitamin D supplements.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiUnilateral primary osteoarthritis, right hip, Menopausal and female climacteric states ICD Code M16.11, N95.1

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureGp Consultation CPT code9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

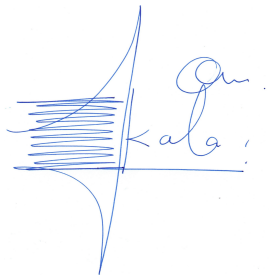
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0426-569401-0153	(EUCALYPTUS OIL : 1.97 G/100G) (MENTHOL : 5.91 G/100G) (METHYL SALICYLATE : 12.8 G/100G) (TURPENTINE OIL : 1.47 G/100G) CREAM	CREAM (100G, METALLIC TUBE)	10	Take 1Spray 2 perDay For 1(others
0135-223401-1171	(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	Take 1Tablets per Day For 5 after meal

Date: 23-09-24(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 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: 23-09-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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