1.HealthNet Policy Number	I038-000-116878668-01	2. Authorization Code:
2.Patient Name	Edobor Lawal Okao	
3.Patient Date of Birth & Sex	31-12-80(dd/mm/yy)	☑ Male ☐ Female
	Mobile No.0551660134	
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency	
6.Are You the patient's primary physician	☐ Yes ☐ No	

7.Presenting Complaints:

For medication refill

known diabetic, hypertensive and hyperlipidemia patient

co fever flu headache dry cough sneezind some time blood is coming 29th sep. 2024

oe chest is congested no added sounds

restless

allergy from septran

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute upper respiratory infection, unspecified, Fever, unspecified, Cough, Acute gastritis without bleeding, Type 2 diabetes mellitus without complications, Mixed hyperlipidemia, Essential (primary) hypertension	ICD Code J06.9, R50.9, R05, K29.00, E11.9, E78.2, I10

12.Etiology:

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

14.Plan / Details of Management

a.Procedure 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 patients and/or familys needs.	CPT code 9,85025,86140,83036,0195-107704-0801,96365,0188-135906-2441

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Hemoglobin Glycosylated A1C,CEFTRIAXONE-TABUK IV,Administered intravenously,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,nebulization with ventoline solution,nebulization with ventoline solution

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

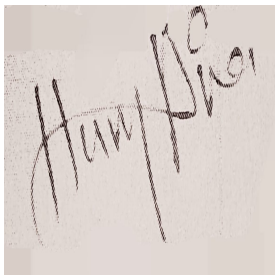
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
1286-386002-0391	(ATORVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	60	Take 1Tablets per Day For 6(others
0090-204901-0391	(SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS	FILM COATED TABLETS (56S, BLISTER PACK)	60	Take 1Tablets per Day For 6(others
0071-164203-2001	(GLICLAZIDE : 60 MG) MODIFIED RELEASE TABLETS	MODIFIED RELEASE TABLETS (30S, BLISTER PACK)	60	Take 1Tablets per Day For 6(others
0219-159701-1171	(LISINOPRIL : 20 MG) TABLETS	TABLETS (28S, BLISTER PACK)	30	Take 1 Unit(s) per Day For 3(
0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	1	Take 10ML 3 T Day For 7 Day
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	7	Take 1Capsule perDay For 7 I others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1Tablets per Day For 6 others
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets per Day For 7 others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets per Day For 5 others

Date: 04-10-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



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: 04-10-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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