Patient | 35146 | Edobor Lawal Okao | 784-1980-5058174-7 | Repeat | 45 | Male

Nigerian | S | NGI - HN BASIC PLUS - NGI - Default Scheme (99999)

Medical History (patient_history.aspx?patId=33972) | Billing History (patient_accounts.aspx?patId=33972)

Appointment | Visit ID 56723 | 06-Jan-2025 | Enomen Goodluck - General - DHA-P-28040827

MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 36°C, Pulse: 96bpm, BP: 143mmHg, Height: 176cm, Weight: 92.2kg, BMI 29.76(Obese), Blood Sugar

DHA Requirment : Mar

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis

Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents

Progress Notes | Addendum | NGI Form | NGI Claim Form | Other Forms | Sick Leave | End Time

Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration

Signed Documents | Image Comparison

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission:

Date of Discharge:

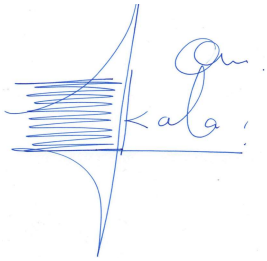
16.

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)	15	Take 1Tablet Day For 15 D
0090-204901-0391	(SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS	FILM COATED TABLETS (56S, BLISTER PACK)	15	Take 1Tablet Day For 15 D
0071-164203-2001	(GLICLAZIDE : 60 MG) MODIFIED RELEASE TABLETS	MODIFIED RELEASE TABLETS (30S, BLISTER PACK)	15	Take 1Tablet Day For 15 D
0219-159701-1171	(LISINOPRIL : 20 MG) TABLETS	TABLETS (28S, BLISTER PACK)	15	Take 1Tablet Day For 15 D

Date: 06-01-25(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 abov examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any othe provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, 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: 06-01-25(dd/mm/yy) Signature of Insued / Claimint