Patient 37804 DAYANANDA BAJAKKAREMOOLE SUBBAPURUSHA 784-1965-4360524-8 Repeat 60 Male Indian S NGI - HN BASIC PLUS - NGI - Default Scheme (99999) Medical History (patient_history.aspx?patId=38828) Billing History (patient_accounts.aspx?patId=38828)

Appointment Visit ID 56725 06-Jan-2025 Enomen Goodluck - General - DHA-P-28040827 MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 36.2°C, Pulse: 84bpm, BP: 128mmHg, Height: 168cm, Weight: 74.4kg, BMI 26.36(Obese), Blood Sugar

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

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.

CPT code9

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission:

Date of Discharge:

16.

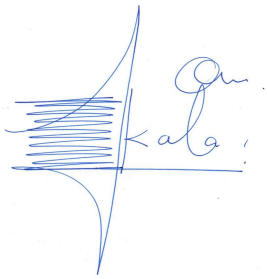
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-119805-	(PREDNISOLONE : 5 MG	TABLETS (20S, BLISTER	7	Take 2Tablets 1Time(s) perD

1172	TABLETS	PACK		Day(s) after meal
1516-107902-1171	(IBUPROFEN : 400 MG TABLETS	TABLETS (24S, BLISTER PACK	4	Take 1Tablets 2Time(s) perD Day(s) after meal

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