



1.HealthNet Policy Number

I038-000-
115298155-012.
Authorization
Code:

2.Patient Name

DAYANANDA BAJAKKAREMOOLE
SUBBAPURUSHA

3.Patient Date of Birth & Sex

28-02-65(dd/mm/yy)

☒ Male ☐
Female

5.Nature of illness or Injury

Mobile No.505882976

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

For medication refill.

A known diabetic and hyperlipidemic patient.

Current medications are Metformin/sitagliptin (Junamet) 1000/50mg, Aspirin and Atorvastatin 20mg.

Has nil fresh complaint today.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

DiagnosisType 2 diabetes mellitus without complications, Mixed hyperlipidemia,
Encounter for issue of repeat prescription

ICD Code E11.9, E78.2, Z76.0

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 families 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.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

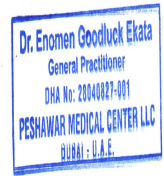
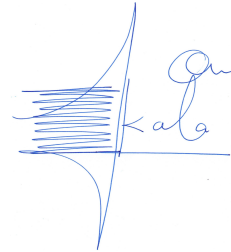
Code	Generic	Dosage	Duration	Instructions
2138-386002-0391	(ATORVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others
0096-124204-0341	(ASPIRIN : 100 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (20S, BLISTER PACK)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0090-204901-0391	(SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS	FILM COATED TABLETS (56S, BLISTER PACK)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others

Date: 06-11-23(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 mentioned examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medical condition 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: 06-11-23(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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