1.HealthNet Policy Number I038-000-119995796-01 2. Authorization Code:

2.Patient Name EMELIE SABLAYAN DELA CRUZ

3.Patient Date of Birth & Sex 20-01-74(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0585202276

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

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

7.Presenting Complaints:

C/o: Pain on micturition, said to be extremely painful.

Also frequency of urine with associated malaise and fever and weakness.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute pyelonephritis, Personal history of urinary (tract) infections, Painful micturition, unspecified, Frequency of micturition, Fever, unspecified

ICD Code N10, Z87.440, R30.9, R35.0, R50.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Sedimentation Rate Rbc Automated,Urnls Dip Stick/Tablet Reagent Auto Microscopy,Culture Bacterial Quanttative Colony Count Urine,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. 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 code 85025,86140,85652,81001,87086,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

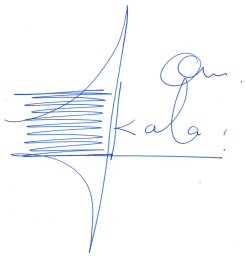
Code	Generic	Dosage	Duration	Instructions
7231-187902-1171	(NITROFURANTOIN : 100 MG) TABLETS	TABLETS (100S, BLISTER)	5	Take 1Tablets 4 Time(s) per Day For 5 Day(s) others
0027-142201-2401	(DICLOFENAC POTASSIUM : 50 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (10S, BLISTER PACK)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) after meal

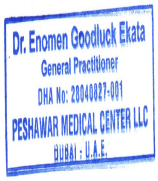
Code	Generic	Dosage	Duration	Instructions
0077-282701-0451	(SODIUM CITRATE : 463 MG) (CITRIC ACID : 145 MG) (HEXASODIUM PENTACITRATE HYDRATE COMPLEX : 390 MG) GRANULES	GRANULES (280G , SACHET)	7	Take 1sachet 4 Time(s) per Day For 7 Day(s) others
0097-103201-0391	(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2Time(s) perDay For 5 Day(s) after meal

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 Insued / Claimint

Copy of NGI - Pharmacy

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

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