1.HealthNet Policy Number I038-000-114321454-01 2. Authorization Code:

2.Patient Name Maria Liza Cuerbo Calimutan

3.Patient Date of Birth & Sex 22-09-75(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0557707531

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

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

7.Presenting Complaints:

NECK PAIN AND MUSCLE SPASM IN RIGHT SIDE SINCE SINCE ONE WEEK STARTED ON 15/11/2023

CAME FOR REFILL THE MEDICATION AS HYPERTENSION

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Essential (primary) hypertension, Other muscle spasm, Iron deficiency anemia, unspecified ICD Code I10, M62.838, D50.9

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. 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.

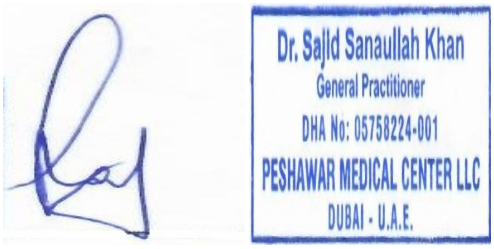
PRESCRIPTION WITH DOSAGE & DURATION

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 0215-388601-1451 | (IRON : 50 MG) (FOLIC ACID : 0.5 MG) (ZINC SULPHATE : 61.8 MG) CAPSULES (HARD GELATIN) | CAPSULES (HARD GELATIN) (30S, BLISTER PACK) | 60 | Take 1Cream 1 Time(s) per Day For 60 Day(s) others |
| 0046-149901-0431 | (DICLOFENAC SODIUM : 1%) GEL | GEL (30G, TUBE) | 1 | Take 1Cream 3 Time(s) per Day For 1 Day(s) others |
| 4179-711202-0391 | (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS | FILM COATED TABLETS (12S, BLISTER) | 6 | Take 1Tablets 4 Time(s) per Day For 6 Day(s) others |
| 2138-151103-0391 | (VALSARTAN : 80 MG) (HYDROCHLOROTHIAZIDE : 12.5 MG) FILM COATED TABLETS | FILM COATED TABLETS (30S, BLISTER) | 60 | Take 1Tablets 1 Time(s) per Day For 60 Day(s) others |

Date: 23-11-23(dd/mm/yy)

Doctor's Name Sajid Sanaullah

Signature and Stamp




Physician Code DHA-P-5758224 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: 23-11-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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