1.HealthNet Policy Number I038-000-117549032-01 2. Authorization Code:

2.Patient Name RAJAA RAHOULE

3.Patient Date of Birth & Sex 15-08-84(dd/mm/yy) ☐ Male ☑ Female

Mobile No.527336528

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

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

7.Presenting Complaints:

C/o: Fever since this morning.

There is no fever at presentation and temperature is normal and she has not taken any medicine since the onset.

Also has upper abdominal pain that radiates to the central back.

she is currently fasting and has not eaten since morning.

Said to have had sudden weakness this afternoon at 2pm suspected to be hypoglycemia.

Patient is counselled to stop fasting in the mean time.

ROS: running nose and pain in nasal bridge (sinusitis is suspected.)

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute gastritis without bleeding, Acute ethmoidal sinusitis, unspecified, Fever, unspecified, Hypoglycemia, unspecified ICD Code K29.00, J01.20, R50.9, E16.2

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.

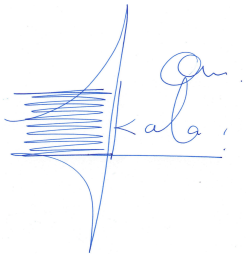
PRESCRIPTION WITH DOSAGE & DURATION

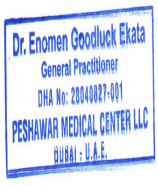
Code	Generic	Dosage	Duration	Instructions
0005-141604-	(ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG)	CHEWABLE TABLETS (30S, BLISTER PACK)	7	Take 1Tablets 4 Time(s) per Day For 7 Day(s)

Code	Generic	Dosage	Duration	Instructions
0081	(SIMETHICONE : 25 MG) CHEWABLE TABLETS			others
0137-242802-0341	(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (15S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) before meal
0993-649501-3591	(MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) SUSPENSION FOR NASAL SPRAY	SUSPENSION FOR NASAL SPRAY (140 DOSE, METERED DOSE SPRAY)	7	Take 2Spray 2 Time(s) per Day For 7 Day(s) others
0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 1Time(s) perDay For 7 Day(s) evening
0252-389802-1171	(PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) TABLETS	TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2Time(s) perDay For 10 Day(s) after meal
0205-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) evening

Date: 26-03-24(dd/mm/yy)

Signature and Stamp





Doctor's Name Enomen Goodluck

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: 26-03-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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