

| 1.HealthNet Policy Number | 1038-000- 114321454-01 | | |
|--|-------------------------------|--|--|
| 2.Patient Name | Maria Liza Cuerbo Calimutan | | |
| 3.Patient Date of Birth & Sex | 22-09-75(dd/mm/yy) | | |
| | 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: | | | |
| Cough for the past 4 days, | | | |
| Associated low grade fever that is worst at night. | | | |
| Pain in throat. | | | |
| No nasal congestion and no nasal discharge. | | | |
| 8.Duration of Symptoms: | | | |
| 9.Onset of Condition: | | | |
| 10.Relevent Past Medical/Surfgical History | | | |
| DiagonosisiAcute upper respiratory infection, unspecified, Acute pharyngitis, unspecified, Fever, unspecified | ICD Code J06.9, J02.9, R50.9 | | |
| 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 | V | | |

| PRESCRIPTION WITH DOSAGE & DURATION | | | | | |
|-------------------------------------|---|--|----------|---|--|
| Code | Generic | Dosage | Duration | Instructions | |
| 0005- 114501- 2481 | (AMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE) | SYRUP (SUGAR FREE) (100ML, GLASS BOTTLE) | 7 | Take 10ML 3 Time(s) per Day For 7 Day(s) after meal | |
| 2027- 560101- 0392 | (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS | FILM COATED TABLETS (16S, BLISTER) | 8 | Take 1Tablets 2 Time(s) per Day For 8 Day(s) after meal | |
| 0195- 123701- | (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS | FILM COATED TABLETS (10S, | 10 | Take 1Tablets 1 Time(s) per Day For 10 Day(s) | |

ne(s) y(s) 0391 **BLISTER PACK)** after meal 0252-(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : FILM COATED Take 1Tablets 2 Time(s) 185801-500 MG) (PSEUDOEPHEDRINE: 30 MG) FILM 10 per Day For 10 Day(s) TABLETS (20S, 0391 **COATED TABLETS BLISTER PACK)** after meal

Date: 27-03-24(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: 27-03-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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



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