



1.HealthNet Policy Number

I038-000-
115298087-012.
Authorization
Code:

2.Patient Name

FASSIH SISSAOUI

3.Patient Date of Birth & Sex

20-05-85(dd/mm/yy)

☒ Male ☐
Female

5.Nature of illness or Injury

Mobile No.0568038602

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

C/o: Pain of sudden onset on the left knee.

Said to have occurred during a tug with friends.

Pain is mild and has not significantly impacted walking although an antangic gait can be seen. \

Has no other medical condition of note, not hypertensive and not diabetic.

Exam: marked tenderness at the medial side of the left kneel joint.

MRI is advised

Kneel support is also advised.

Kneel rest also advised.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Sprain of medial collateral ligament of left knee, init, Acute pain due to trauma ICD Code S83.412A, G89.11

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 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.

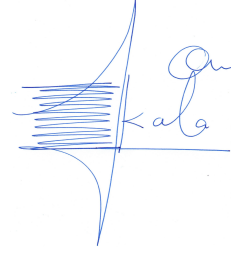
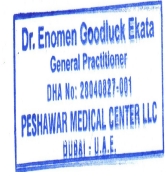
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0426-160701-2541	(METHYL SALICYLATE : N/A) (HYDROXYETHYL SALICYLATE : N/A) (ETHYL SALICYLATE : N/A) (METHYL NICOTINATE : N/A) TOPICAL AEROSOL SPRAY	TOPICAL AEROSOL SPRAY (150ML, SPRAY BOTTLE)	30	Take 2Spray 4 Time(s) per Day For 30 Day(s) others
0027-149903-0111	(DICLOFENAC SODIUM : 100 MG) COATED TABLETS	COATED TABLETS (30S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
2093-596002-0432	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	30	Take 1Gel 3 Time(s) per Day For 30 Day(s) others

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 Insured / Claimint

Copy of NGI - Pharmacy

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

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