1.HealthNet Policy Number: I038-000-120032385-01 2. Authorization Code:

2.Patient Name: MARICOR CAMPOSANO ROJAS

3.Patient Date of Birth & Sex: 10-12-99(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0525570480

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

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

7.Presenting Complaints:

Sudden low back pain since this morning.

It radiates to the left lower limb,

Pain is severe and made worst by change in posture and on walking.

has no other significant medical condition, not hypertensive and not diabetic.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiSpondylolisthesis, lumbosacral region, Low back pain, Sciatica, left side ICD Code M43.17, M54.5, M54.32

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.,CLOFEN ,Intramuscular injection CPT code9,0005-149902-1021,96372

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

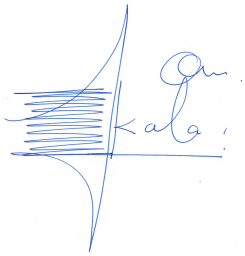
Code	Generic	Dosage	Duration	Instructions
1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	15	Take 1Tablets 2 Time(s) per Day For 15 Day(s) after meal
1689-508201-0652	(EUCALYPTUS OIL : 2 G/100G) (TURPENTINE OIL : 3 G/100G) (MENTHOL : 5 G/100G) (WINTERGREEN OIL : 15 G/100G) OINTMENT	OINTMENT (100G, TUBE)	10	Take 1Ointment 3 Time(s) per Day For 10 Day(s) others
0426-160701-	(METHYL SALICYLATE : N/A) (HYDROXYETHYL SALICYLATE : N/A) (ETHYL SALICYLATE : N/A)	TOPICAL AEROSOL SPRAY (150ML, SPRAY	7	Take 1Spray 2 Time(s) per Day For 7 Day(s)

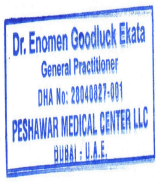
Code	Generic	Dosage	Duration	Instructions
2541	(METHYL NICOTINATE : N/A) TOPICAL AEROSOL SPRAY	BOTTLE)		others
0027-149903-0111	(DICLOFENAC SODIUM : 100 MG) COATED TABLETS	COATED TABLETS (30S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal

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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