1.HealthNet Policy Number: I038-000-119925435-01 2. Authorization Code:

2.Patient Name: Alejandro Jimson Bermeo Llacona

3.Patient Date of Birth & Sex: 27-02-88(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0506801956

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

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

7.Presenting Complaints:

pain on the big toe of the right foot. recurrent for over 2 years

Has a history of hyperuricemia for which he takes adenuric.

Current episode stated a week ago

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiGout, unspecified, Pain in right leg, Arthritis due to other bacteria, right ankle and foot, Fever, unspecified ICD Code M10.9, M79.604, M00.871, R50.9

12.Etiology:

13.In case of Injury:mode of Injury/place of Injury

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,Uric Acid Blood,C-Reactive Protein,Sedimentation Rate Rbc Automated,Intramuscular injection,CLOFEN ,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Administered intravenously,CEFTRIAXONE-TABUK IV,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.,Administered intravenously CPT code85025,84550,86140,85652,96372,0005-149902-1021,0125-122107-1022,96365,0195-107704-0801,9,96365

b.Laboratiry Test:

c.Radiology / Investigations:

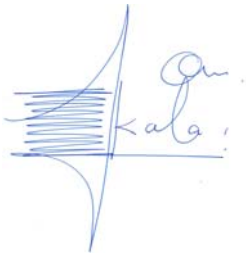
15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16. PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0135-223401-1171	(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal
0005-119803-1171	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal
0207-112401-1171	(ALLOPURINOL : 100 MG) TABLETS	TABLETS (100S, BLISTER PACK)	30	Take 1Tablets 2 Time(s) per Day For 30 Day(s) after meal
0003-375703-0391	(FEBUXOSTAT : 80 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER)	28	Take 1Tablets 1Time(s) perDay For 28 Day(s) evening

Date: 08-04-24(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: 08-04-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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