



1.HealthNet Policy Number

I038-000-
118213026-01

2.
Authorization
Code:

2.Patient Name

CID ANTHONY DIOLAZO GUINTO

3.Patient Date of Birth & Sex

24-12-85(dd/mm/yy)

☒ Male ☐
Female

5.Nature of illness or Injury

Mobile No.0581197026

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

Fever, headache, dry cough and nasal congestion

Also generalized body pains.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Acute pharyngitis due to other specified organisms, Acute tonsillitis, unspecified,
Allergic rhinitis, unspecified, Fever, unspecified

ICD Code J02.8, J03.90, J30.9, R50.9

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 patient's and/or family's 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 code 9

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

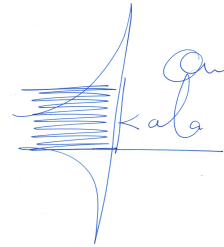
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0097-127405-0391	(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
0027-128802-2021	(XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS	NASAL DROPS (10ML, BOTTLE)	5	Take 2Drops 2 Time(s) per Day For 5 Day(s) after meal
0137-242802-0341	(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (15S, BLISTER)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
1516-107902-1171	(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal

Date: 15-04-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

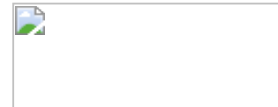



Physician Code DHA-P-28040827 HNM Code

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: 15-04-24(dd/mm/yy)

Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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