1.HealthNet Policy Number I038-000-119310196-01 2. Authorization Code:

2.Patient Name BABA HILARIDEEM

3.Patient Date of Birth & Sex 21-04-77(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0504735920

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

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

7.Presenting Complaints:

C/o: Pain in throat since the past 2 days

Also has cough that is productive of yellow phlegm.

Also has redness of both eyes and cheek with associated pruritus.

\He is not a known hypertensive and not diabetic.

Does not smoke tobacco and does not take alcohol, except occasionally.

ENT: hyperemia of the pharynx and tonsiils.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute tonsillitis, unspecified, Acute pharyngitis, unspecified, Allergic rhinitis, unspecified, Other conjunctivitis ICD Code J03.90, J02.9, J30.9, H10.89

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,C-Reactive Protein,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. CPT code85025,86140,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

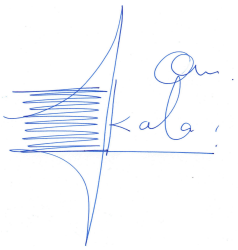
| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 1516-107902-1171 | (IBUPROFEN : 400 MG) TABLETS | TABLETS (24S, BLISTER PACK) | 12 | Take 1Tablets 2 Time(s) per Day For 12 Day(s) after meal |
| 4874-125821-3801 | (POVIDONE IODINE : 0.45%) SPRAY SOLUTION | SPRAY SOLUTION (50ML, BOTTLE) | 5 | Take 1Spray 4 Time(s) per Day For 5 Day(s) others |
| 0005-116801- | (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) | SYRUP (SUGAR FREE) (120ML, | 7 | Take 10ML 3Time(s) perDay For 7 Day(s) |

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 2481 | (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE) | GLASS BOTTLE) | | others |
| 0195-123701-0391 | (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS | FILM COATED TABLETS (10S, BLISTER PACK) | 10 | Take 1Tablets 1Time(s) perDay For 10 Day(s) evening |
| 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: 26-04-24(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: 26-04-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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