



1.HealthNet Policy Number

I038-000-
115438155-012.
Authorization
Code:

2.Patient Name

Temitope David Kojusola

3.Patient Date of Birth & Sex

02-08-84(dd/mm/yy)

☒ Male ☐
Female

Mobile No.0551157507

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

Right flank pain that radiates to the groin and the right scrotum.

Pain waxes and wanes and it is severe when present.

There is no fever and he has no urinary symptoms.

He also complained of cotton but stock in his right ear while cleaning the ear this monring.

Patient is counselled to stop self-cleaning ear.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surficial History

DiagonosisiCalculus of kidney with calculus of ureter, Acute pyelonephritis, Foreign body
in right ear, initial encounter

ICD Code N20.2, N10, T16.1XXA

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.,Removal impacted cerumen (separate procedure), 1 or both ears,Administered intravenously,(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,CLOFEN ,Intramuscular injection,SCOPINAL,Urnls Dip Stick/Tablet Reagent Auto Microscopy,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein

CPT code9,69210,96365,2305-111908-
1001,0005-149902-1021,96372,0005-136504-
1021,81001,85025,86140

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

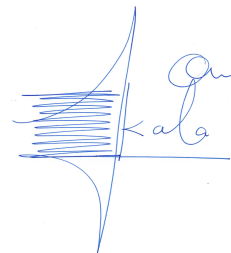
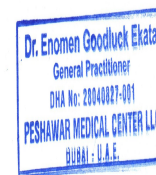
Code	Generic	Dosage	Duration	Instructions
0053- 111703-	(SODIUM CITRATE : 630 MG) (TARTARIC ACID : 890 MG) (SODIUM BICARBONATE : 1.75 G) (CITRIC	EFFERVESCENT GRANULES (4G X 28,	5	Take 1sachet 3 Time(s) per Day For 5 Day(s)

Code	Generic	Dosage	Duration	Instructions
0251	ACID : 720 MG) EFFERVESCENT GRANULES	SACHET)		after meal
0135-223401-1171	(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	3	Take 1Tablets 3 Time(s) per Day For 3 Day(s) after meal
0042-136501-1173	(HYOSCINE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	Take 1Tablets 3 Time(s) per Day For 3 Day(s) after meal
0139-116207-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2Time(s) perDay For 10 Day(s) after meal

Date: 27-04-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

Physician Code DHA-P-28040827 HNM Code

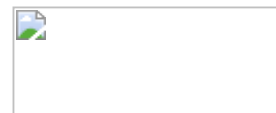
Authorization

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: 27-04-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae

