1.HealthNet Policy Number: I038-000-115438155-01 2. 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 cutton 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.Relevent Past Medical/Surfgical 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,(CALCIUM CHLORIDE : 0.33 MG/ML) (DEXTROSE : 50 MG/ML) (POTASSIUM CHLORIDE : 0.3 MG/ML) (SODIUM CHLORIDE : 8.6 MG/ML) 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,(CALCIUM CHLORIDE : 0.33 MG/ML) (POTASSIUM CHLORIDE : 0.3 MG/ML) (SODIUM CHLORIDE : 8.6 MG/ML) SOLUTION FOR INFUSION

CPT code9,69210,96365,0442-260001-1002,0005-149902-1021,96372,0005-136504-1021,81001,85025,86140,0002-207902-1001

b.Laboratiry Test:

c.Radiology / Investigations:

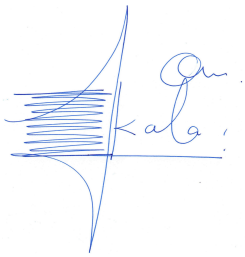
15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

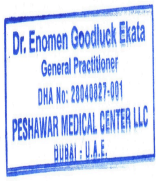
16. PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0053-111703-0251	(SODIUM CITRATE : 630 MG) (TARTARIC ACID : 890 MG) (SODIUM BICARBONATE : 1.75 G) (CITRIC ACID : 720 MG) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (4G X 28, SACHET)	5	Take 1sachet 3 Time(s) per Day For 5 Day(s) 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)

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: 27-04-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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