1.HealthNet Policy Number: I038-000-115438148-01

2. Authorization Code:

2.Patient Name: DANIEL OJONUGWA ADUKU

3.Patient Date of Birth & Sex: 15-05-83(dd/mm/yy) ☑ Male ☐ Female

Mobile No.526770890

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

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

7.Presenting Complaints:

Upper abdominal pain since last night (about 32hours ago).

It is worst at night and has been recurrent for many months.

It is however not known to be related to meals.

He does not smoke tobacco but takes alcohol occasionally.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute gastritis without bleeding, Acute pancreatitis without necrosis or infection, unsp, Epigastric pain, Fever, unspecified, Chest pain, unspecified

ICD Code K29.00, K85.90, R10.13, R50.9, R07.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Blood Count Complete Auto&Auto Difrntl Wbc Count,Amylase,Lipase,Antibody Helicobacter Pylori,External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection),Administered intravenously,CEFTRIAXONE-TABUK IV,PANTONIX 40MG I.V.,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,INJECTION SERVICE-IV,INJECTION SERVICE-IV,Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner.,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 code 85025,82150,83690,86677,93225,96365,0195-107704-0801,0005-242802-0781,2190-106618-1001,0005-136504-1021,96374,96374,9.1,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

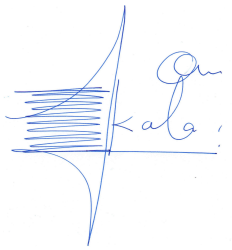
PRESCRIPTION WITH DOSAGE & DURATION

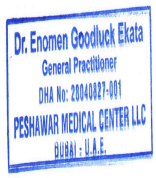
Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 29-04-24(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: 29-04-24(dd/mm/yy) Signature of Insued / Claimint

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