

Section E: Full Treatment Plan

Details to be completed by the treating healthcare provider.

*Procedure or Consultation; nappi code for acute medicine; etc.

ICD-10	PMB Condition	*Code	Description	No. per year	Motivation
eg: I10	Hypertension	0190	Consultation	3	BP 160

Doctor's Signature _____ Date:

D	D	M	M	Y	Y	Y	Y
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Name and Surname: _____