Patient 34425 DAMITH SAMPATH TANNAKOON MUDIYANSELAGE 784-1989-8310835-2
Repeat 36 Male Sri Lankan S NGI - HN BASIC PLUS - NGI - Default
Scheme (99999) Medical History (patient_history.aspx?patId=33244)
Billing History (patient_accounts.aspx?patId=33244)

Appointment Visit ID 56844 09-Jan-2025 Enomen Goodluck - General - DHA-P-28040827
MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 36°C, Pulse: 84bpm, BP: 100mmHg, Height: 165cm, Weight: 70kg, BMI 25.71(Obese), Blood Sugar

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis
Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents
Progress Notes | Addendum | NGI Form | NGI Claim Form | Other Forms | Sick Leave | End Time
Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration
Signed Documents | Image Comparison

b.Laboratory 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
0252-375701-0391	(FEBUXOSTAT : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	30	Take 1Tablets 1 Ti For 30 Day(s) oth
1724-386001-0391	(ATORVASTATIN (AS CALCIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	30	Take 1Tablets 1Tir For 30 Day(s) afte

Date: 09-01-25(dd/mm/yy)

Doctor's Name Enomen Goodluck Signature and Stamp

Dr. Enom Ge DHA CITICARE

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 abov examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any othe provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, 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: 09-01-25(dd/mm/yy) Signature of Insued / Claimint

Patient Signature | Save | Close | Print

Copy of NGI - Pharmacy

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

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