Photo Not Available

Patient 37869 Anura De Silva Rajapaksha Marathignnanambi 784-1969-4152625-1
Repeat 56 Male Sri Lankan S NGI - HN BASIC PLUS - NGI - Default
Scheme (99999) Medical History (patient_history.aspx?patId=38893)
Billing History (patient_accounts.aspx?patId=38893)

Appointment Visit ID 57147 18-Jan-2025 Humaira - General - DHA-P-54155530
MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 36°C, Pulse: 86bpm, BP: 183mmHg, Height: 169cm, Weight: 74kg, BMI 25.91(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

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	Take 10ML 3 Ti For 7 Day(s) af
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablet at
6046-627102-1171	(AMLODIPINE (AS BESYLATE) : 10 MG) (VALSARTAN : 160 MG) TABLETS	TABLETS (28S, BLISTER)	30	Take 1 Unit(s), Day For 30 Day

Date: 18-01-25(dd/mm/yy)

Doctor's Name Humaira Signature and Stamp

Physician Code DHA-P-54155530 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: 18-01-25(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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