1.HealthNet Policy Number I038-000-120086838-01 2. Authorizatio Code:

2.Patient Name WISHWA LAVAN HEENATIGALA

3.Patient Date of Birth & Sex 01-11-00(dd/mm/yy) ☑ M Fema

Mobile No.0558740635

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emerg

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

7.Presenting Complaints:

PC : GASTRIC PAIN , FREQUENT BURBS LOOSE STOOL , NAUSEA AND ORAL ULCER STARTED 17/03/25

O/E ; WHITE PATCH ON TOUNG AND ORAL CAVITY

TENDER EPIGASTRIC REGION

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiOral mucositis (ulcerative), unspecified, Acute gastritis without bleeding, Dehydration, Pain, unspecified

ICD Code K12.30, K29.00, E86.0,

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBASIC WELLNESS PANEL,RISEK 40MG,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,LACTATED RINGERS INJECTION USP,Administered intravenously,Intramuscular injection,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 code2,0005-174202-0781,0 1022,0005-149902-1022,0102-15 1001,96365,96372,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

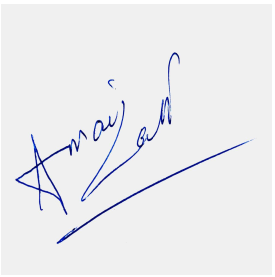
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 23-03-25(dd/mm/yy)

Doctor's Name DR Amaizah

Signature and Stamp



Physician Code DHA-P-98486553 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 me examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other pe provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, med 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: 23-03-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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