1.HealthNet Policy Number I038-000-121404659-01 2. Authorization Code:

2.Patient Name ARCHINTHA PRIYADARSHANA PERERA GAJANAKE MUDALIGE

3.Patient Date of Birth & Sex 18-08-88(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0542547635

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

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

7.Presenting Complaints:

loose motion 4-5 times today and yesterday also.

abdominal pain

history of abdominal pain

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiBacterial foodborne intoxication, unspecified, Diarrhea, unspecified, Lower abdominal pain, unspecified ICD Code A05.9, R19.7, R10.30

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureLACTATED RINGER'S INJECTION USP,CEFTRIAXONE-TABUK IV,Administered intravenously,SCOPINAL,Intramuscular injection,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,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 code0439-152905-1001,0195-107704-0801,96365,0005-136504-1021,96372,85025,86140,9

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
0415-200001-1452	(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	3	Take 1Capsule 2 Time(s) per Day For 3 Day(s) others
6619-608703-0831	(SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 4.4 G, SACHET)	3	Take 1sachet 1 Time(s) per Day For 3 Day(s) others
0097-103202-0392	(CIPROFLOXACIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others
0005-136501-0391	(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0152-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others

Date: 08-05-25(dd/mm/yy)

Doctor's Name Dr.Farhan Iyas

Signature and Stamp

Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

Physician Code DHA-P-6441782 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: 08-05-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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