1.HealthNet Policy Number I038-000-115298194-01 2. Authorization Code:

2.Patient Name Anura De Silva Rajapaksha Marathignnanambi

3.Patient Date of Birth & Sex 03-05-69(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0552517233

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

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

7.Presenting Complaints:

C/o: intermittent fever and cough for the past 6days.

Cough is dry.

There is associated chest pain on breathing,

There is no pain in throat and no nasal congestion.

Not a known asthmatic but has previously used inhaler for an unknown reason.

He is not a known hypertensive (but BP noticed to be elevated on presentation).

Also not diabetic.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Mild intermittent asthma with (acute) exacerbation, Unspecified acute lower respiratory infection, Elevated blood-pressure reading, w/o diagnosis of htn, Unspecified chronic gastritis without bleeding, Acute gastritis without bleeding ICD Code J45.21, J22, R03.0, K29.50, K29.00

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Blood Count Complete Auto&Auto Difrntl Wbc Count,Sedimentation Rate Rbc Automated,C-Reactive Protein,nebulization with ventoline solution,PULMICORT,VENTOLIN NEBULES,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Intravenous Injection,CEFTRIAXONE-TABUK IV,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 code 85025,85652,86140,94640,0188-135906-2441,0006-124513-2071,0125-122107-1022,96374,0195-107704-0801,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

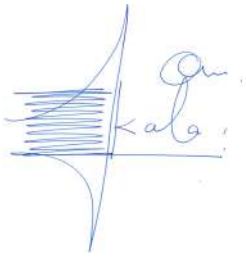
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0067-230001-1161	(DEXTROMETHORPHAN : 10 MG/5ML) (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE : 30 MG/5ML) SYRUP	SYRUP (120ML, GLASS BOTTLE)	10	Take 10ML 3 Time(s) per Day For 10 Day(s) after meal
0005-119803-1172	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (1000S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal
0188-232401-0392	(ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	28	Take 1Tablets 1 Time(s) per Day For 28 Day(s) before meal
0005-106601-1171	(PARACETAMOL : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	Take 2Tablets 3 Time(s) per Day For 3 Day(s) after meal
0195-148602-0391	(CLARITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal

Date: 11-12-23(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



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 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: 11-12-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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