

1.HealthNet Policy Number	1038-000- 120086838-01	2. Author Code:	ization
2.Patient Name	WISHWA LAVAN HEENATIGALA		
3.Patient Date of Birth & Sex	01-11-00(dd/mr	n/yy)	✓ Male ☐ Female
5.Nature of illness or Injury 6.Are You the patient's primary physician 7.Presenting Complaints:	Mobile No.0558 ☐ Acute ☐ Chi ☐ Yes ☐ No		Emergency
C/o: sudden onset of chest pain, difficulty breathing, dizziness.			
Incidence happened 5hours prior to presentation (11am)			
He immediately sat down and symptoms lasted only about 5mins.			
Had a history of bing drinking last night.			
Now has developed bumpy rashes on the face (was given aspirin following the incidence).			
8.Duration of Symptoms: 9.Onset of Condition:			
10.Relevent Past Medical/Surfgical History			
DiagonosisiCurcana and colleges Chast pain unenscitied Vitamin B deficiency unenscitied	ICD Code R55, F	R07.9, E5	3.9, F10.131
12.Etiology:			
13.In case of Injury:mode of Injury/place of Injury			
14.Plan / Details of Management			
a.ProcedureExternal electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection),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	CPT code93225	,9	

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission:

minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

Date of Discharge:

16. PRESCRIPTION WITH DOSAGE & DURATION Code Generic **Dosage** Duration Instructions 5254-(VITAMIN B1 (THIAMINE): 100 MG) (VITAMIN B6 (AS SUGAR COATED Take 1Tablets 1Time(s) 830602-PYRIDOXINE HCL): 200 MG) (VITAMIN B12 TABLETS (30S, 30 perDay For 30 Day(s) 2401 (CYANOCOBALAMIN): 200 MCG) SUGAR COATED TABLETS BLISTER) evening

Date: 30-03-24(dd/mm/yy)

Doctor's Name **Enomen Goodluck**

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

30-03-24(dd/mm/yy) Signature of Insued / Claimint Date:

Copy of NGI - Pharmacy

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



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