1.HealthNet Policy Number I038-000-120174220-01 2. Authorization Code:

2.Patient Name Diluka Senavirathna Rangiri pathiranage

3.Patient Date of Birth & Sex 02-07-83(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0543529670

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

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

7.Presenting Complaints:

Right shoulder pain upon trying to abduct the arm at the shoulder beyond 90 degree.

symptoms has been on for over one year now.

There is no history of trauma, but she is a known diabetic taking glucophage but very poorly controlled.

FBS every morning said to be above 200mg/dl most times.

It was 226 this morning and RBS now at presentation is 274mg/dl.

She is however not hypertensive.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiType 2 diabetes mellitus w diabetic neuropathic arthropathy, Type 2 diabetes mellitus with hyperglycemia, Adhesive capsulitis of right shoulder ICD Code E11.610, E11.65, M75.01

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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.,Hemoglobin Glycosylated A1C,Lipid Panel,Blood Count Complete Auto&Auto Difrntl Wbc Count,Renal Function Panel,Phosphatase Alkaline,Calcium Total,GLUCOSE CPT code9,83036,80061,85025,80069,84075,82310,82947

b.Laboratiry Test:

c.Radiology / Investigations:

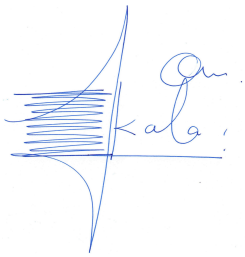
15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

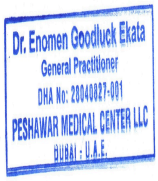
16. PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0090-204901-0391	(SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS	FILM COATED TABLETS (56S, BLISTER PACK)	30	Take 1Tablets 2Time(s) perDay For 30 Day(s) after meal
0114-114201-1171	(GLIMEPIRIDE : 2 MG) TABLETS	TABLETS (30S, BLISTER PACK)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) evening
0135-223401-1171	(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal
1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	15	Take 1Tablets 2 Time(s) per Day For 15 Day(s) after meal
0426-160701-2541	(METHYL SALICYLATE : N/A) (HYDROXYETHYL SALICYLATE : N/A) (ETHYL SALICYLATE : N/A) (METHYL NICOTINATE : N/A) TOPICAL AEROSOL SPRAY	TOPICAL AEROSOL SPRAY (150ML, SPRAY BOTTLE)	30	Take 1Spray 4 Time(s) per Day For 30 Day(s) others

Date: 01-04-24(dd/mm/yy)

Signature and Stamp





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

Date: 01-04-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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