

ASIRI HOSPITAL HOLDINGS PLC

No.181, Kirula Road, Narahenpita,
Colombo 05, Sri Lanka.

+94 11 452 33 00

+94 11 250 87 68

info@asiri.lk www.asirihealth.com

**RECEIPT (DOC 990)****PATIENT NAME / MOBILE NO**

Baby SAVIOUR RODREGO 777867766

REF. NO : 0039870485
UHID :
APP. NO : 13
APP. DATE : 06/03/2024
APP. TIME : Wed 10:54 am
ROOM NO : C 20
HOSPITAL : Asiri Medical Hospital - Kirula Road -
Colombo 05

ASIRI HOSPITAL HOLDINGS PLC
No.181, KIRULA ROAD,
COLOMBO 05.

CHANNELED FROM : Buddika Pushpamala

HOSPITAL REF : AHH0001194349

TRANSACTION DATE: 04/03/2024

CONSULTANT:

Dr (Ms.) PUSHPA PUNCHIHEWA

SPECIALITY:

Paediatrician

DOCTOR FEE : 2,000.00 (LKR)
HOSPITAL FEE : 1,300.00 (LKR)
BOOKING FEE : 399.00 (LKR)
TOTAL : 3,974.00 (LKR) AB

General Information

- ♦ Please check the accuracy of the details mentioned in this receipt.
- ♦ For channeled Consultation and Radiology Reservations
 - Receipt is valid only for the date and the time of the appointment.
 - Hospital charges are non-refundable.
 - Appointments are subject to cancellation or transfer with the authorization of the doctor before the date and the time of the appointment.



Asiri Hospital Holdings

181 Kirula Rd, Colombo 05

Tel: 011 452 3300

Email: info@asiri.lk

PHARMACY RECEIPT

* Once sold, medicines cannot be returned or exchanged *

Date : 06-Mar-2024 11:54:36 am
Patient Name : BABY S RODRIGO
Contact No : 0777867766
Token No : 162
Invoice No/Receipt No : IH869521 / INC0751959
Location : GROUND FLOOR PHARMACY
Pharmacist / Cashier : AHH2008847 / AHH2010456

| Item | QTY | Price | Value |
|--|-------------------|-------|-----------------|
| DERIPHYLLIN RETARD 150MG | (14.00 X 5.25) | ✓ | 73.50 |
| FLUTICONE 50MCG NASAL SPRAY | (1.00 X 1,272.00) | ✓ | 1,272.00 |
| VENTEK 5MG CHEWABLE (MONTILUKAST) | (28.00 X 23.11) | ✓ | 647.08 |
| XADINE(FEXOFENADIN 60MG E HCL USP) TABLETS | (7.00 X 20.89) | ✓ | 146.23 |
| Total | | | 2,138.81 |
| Discount | | | 0.00 |
| Net Total | | | 2,138.81 |
| Tendered | | | 2,138.81 |

PAYMENTS:

CARD : 2,138.81

Customer: N/A

XXXX-XXXX-XXXX-7231

Balance : 0.00

Item Count : 4

WISH YOU A GOOD HEALTH
24 HOURS SERVICE

©2024 - SOFTLOGIC BPO SERVICES (Pvt) Ltd (011-5391100)

B

06 MAR 2024

www.asirihealth.com

Baby. S. Rodrigo



Age 9 yrs.

wt. 27-100 kg

① Asthaline MDI 2-3-4 puffs

4-6 - sly

RPE if needed

② Bexinol MDI 125/25 - ① BD
RPE

Frequent episodes
of wheezing

FIH +++

③ Desiphen ②
180 mg BD x 7dg

P70

Dr. Pushpa M.G. Munchihewa
MBBS(Cey) DCH(Lon)
MD(SL) FRCP(UK) FSLCP(SL)
Consultant Paediatrician

0777 867766

181, Kirula Road, Colombo 05, Sri Lanka.

Tel : 4523300 Fax : 2508768 E-mail : info@asiri.lk

(Klaronex)

OR

✓ (4) Fluticone nasal spray Noct
one to each nostril
x 3 months

↓
Noct BOD x 3 months

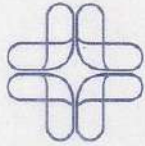
✓ (5) Ventek sup Noct x 3 months

(6) Allepra 60 mg daily
(Pexofenadine) x 7 days
rpt if needed



Dr. Pushpa M.G. Punchihewa
MBBS(Col) DCH (Lon)
MD (SL) FRCP (UK), FSLCP (SL)
Consultant Paediatrician

0777907171



**MEDIHELP
HOSPITALS**

✉ info@medihelp.lk

🌐 www.medihelp.lk

246, Galle Road., Moratuwa.,

Tel : 94117454545

Payment Receipt

Medihelp Hospital - Moratuwa

Consultation Service

Dr. Ruchira Somaweera

Room 12

RCP02708486

13 Feb (Tue)

2024 5:06 PM

7

Master. Seviour Rodrigo (Male) 9Y

TP: 94777867766

PID:

PAT00435884

Consultation Practitioner Fee

2,000.00

Consultation Hospital Fee

1,000.00

Total

3,000.00

Paid By : Credit Card:3000 (Card Last Digits:7231)

Invoiced : mhrsanduni (Sadhni
Fernando)

13th, Feb 2024 05:42:09 PM

Printed : mhrsanduni (Sadhni Fernando)

System : www.aarogyala.lk



L.G.S.L. 2023.12.29

B

මෙය නම සහ වාර්තා නිවැරදිව තිබේදැයි බලන්න. වාර්තා ලබාගැනීමට පිටුව පහ රැගෙන එන්න.

Health First
Pharmaceuticals (Pvt) Ltd
No 33

Old Galle Road, Moratuwa

Tel : 011-2649300

Fax : 011-2649300

Date & Time : 2024-02-13 18:47:09

Invoice : OP00909681-HM

Patient Name : OPD

Token : 97 User : mayomi

| # | Description | Qty | Price | Amount |
|---|-------------|-----|-------|--------|
|---|-------------|-----|-------|--------|

| | | | | |
|---|-------------------------|--|--|--|
| 1 | REFRESH TEARS-15 ml DRO | | | |
|---|-------------------------|--|--|--|

| | | | |
|--|---|--------|--------|
| | 1 | 969.00 | 969.00 |
|--|---|--------|--------|

| | | | | |
|---|-----------------|--|--|--|
| 2 | OLOPAT-5 ml DRO | | | |
|---|-----------------|--|--|--|

| | | | |
|--|---|---------|---------|
| | 1 | 1387.68 | 1387.68 |
|--|---|---------|---------|

| | | | |
|--------------|--|--|---------|
| TOTAL AMOUNT | | | 2356.68 |
|--------------|--|--|---------|

THANK YOU COME AGAIN!

Copyright (c) BLACKberry



**MEDIHELP
HOSPITALS**

246, Galle Road, Moratuwa.
Tel : 0117 45 45 45
www.Medihelp.lk
info@medihelp.lk

NO: 07

Date: 13/08/24

Name: Mast. Seivour Rodrigo Age: 9y

Dmg
H/O

Bil H. f
Rhinitis
Asthma

c/b Bil study of
eye x 2/52

| R | L |
|---------|-----|
| c - CD | CD |
| c - a | a |
| P - R | R |
| L - NST | NST |
| A. f | f |
| c D 0.4 | 0.4 |
| m - N | N |

No subotal mivagylk

AUTOMATED LABORATORY, PHARMACY, CHANNELLING, DIGITAL X-RAY,
24HRS O.P.D. / E.T.U, E.C.G., ECHO, U.S. SCAN, ETC.
නැවත පැමිණෙන විට මෙය රැගෙන එන්න.

Plm

B15 c Refresh form

$$6H \times \frac{1}{12}$$

B15 c Olapatadme
 $\times \frac{1}{12}$

- Rm

- Pool (comp) 50c

Rm 2/52

Dr. Ruchira Somaweera
Eye Surgeon
MBBS, MD(Ophthalmology)
Reg. No. 30593

28-05-2024



Ninewells Hospital
CONSULTATION RECEIPT

Reference No - 0040054087
Transaction Date - 18/03/2024
Amount - 3,974.00 (LKR) AB
Patient - Mast. SEVIYA RODRIGO / 1/86/1765
Doctor - Dr (Ms.) PUSHPA PUNCHIHEWA
NIC/ Passport No - 198018100365

Hospital Seq No - NWH0001605084
Appointment Date - 18/03/2024
Appointment No - 15
Time - Tue 10:22 am
(Note: Time may vary according to doctor's arrival time)

Channelled From - Dialog Call Center



NINEWELLS
A LIFETIME OF CARE

NINEWELLS HOSPITAL

(15)

55/1, Kirimandala Mawatha, Narahenpita, Colombo 05, Sri Lanka
E-mail: info@ninewellshospital.lk Web: www.ninewellshospital.lk
Tel: +94 11 204 9999 Fax: +94 11 452 7182

Name: Mast. Seriya Rodrigo Age: 9 yrs.
Date: 19 MAR 2024 wt: 28.05kg Gender:

① Aerolife spacer

② Asthaline MDI 2-3 puffs
4-6 sly if needed

③ ~~Bex'rol~~ MDI 125/25 -! AD
Rpt

④ Methgl Pred 5mg AD x 3 day
DO NOT REPEAT

Reentry N

cough x 3 day w/o

⑤ Allegra 60mg daily
OR
Pexet x 7 day

cont Fluticason
a ventek

Dr. Pushpa M.G. Punchihewa
MBBS(Col), DCH (Lon)
MD (SL) FRCA(UK), FSLCP(SL)
Consultant Paediatrician

Myeoral cream B. Δx 6week

Dr. Pooja M. S. Panchihewa
MD (SL) FRCP (UK), FSLCP(SL)
Consultant Paediatrician

DO NOT REPEAT



NINEWELLS HOSPITAL

55/1, Kirimandala Mawatha, Colombo 05, Sri Lanka

Hot Line : +94 11 204 9999

Fax : +94 11 452 7182

E-Mail : info@ninewellshospital.lk

Web : www.ninewellshospital.lk

Token No

06531071

Original

Registration No. : PV 2731

Receipt No: 29122730

UHID : 10721485976

Contact No:

Patient's Name : MASTER S. Rodrigo

Consultant's Name :

Date : 19-Mar-2024 12:3:22

Gender : Male Age : Y M D

| Description | Qty | Rate | Amount |
|-------------------------|------|----------|----------|
| BEXITROL -F 125 INHALER | 1.00 | 1,350.00 | 1,350.00 |
| Total : | | | 1,350.00 |
| Net Total : | | | 1,350.00 |

VAT No. :

Operator:reshan.dinesh



Checked By Pharmacist

Please note that purchase of services, medicines or surgical items are subject to Policy on Customer Care Good Practices of Ninewells Hospital.

Once sold, drugs will not be taken back or exchanged.



NINEWELLS HOSPITAL

55/1, Kirimandala Mawatha, Colombo 05, Sri Lanka

Hot Line : +94 11 204 9999 Fax : +94 11 452 7182

E-Mail : info@ninewellshospital.lk

Web : www.ninewellshospital.lk

Token No
69

0653098

Original

Registration No. : PV 2731 Receipt No: 29122727
UHID : 10721485976 Contact No:
Patient's Name : MASTER S. Rodrigo
Consultant's Name :
Date : 19-Mar-2024 12:0:15
Gender : Male Age : Y M D

| Description | Qty | Rate | Amount |
|-------------------------------|-------|----------|----------|
| AEROLIFE SPACER | 1.00 | 1,877.00 | 1,877.00 |
| ASTHALIN INHALER 100mcg (SALB | 1.00 | 613.00 | 613.00 |
| HEXILON 4mg TAB (METHYLPREDI | 12.00 | 23.52 | 282.24 |
| MYCORAL CREAM 2% 15g (KETOC | 1.00 | 465.00 | 465.00 |

Total : 3,237.24

Net Total : 3,237.24



VAT No. :

Operator:reshan.dinesh

Checked By Pharmacist

Please note that purchase of services, medicines or surgical items are subject to Policy on Customer Care Good Practices of Ninewells Hospital.

Once sold, drugs will not be taken back or exchanged.



PV 3426 FO/CP/03/01

**NAWALOKA HOSPITALS PLC.
COLOMBO 02.
CONSULTATION RECEIPT
(ORIGINAL)**

REFERENCE NO : 0074328607

CONSULTANT NAME : DR DUMINDA
PATHIRANA
(PAEDIATRICIAN)

APPOINTMENT NO : 2

APPOINTMENT DATE : 26/02/2024

ESTIMATED APPOINTMENT TIME : 4:35 p.m

SESSION START TIME : 4:30 p.m

FLOOR : **SPECIALIST CENTRE-LEVEL 2**

ROOM NO : 206

PATIENT NAME : MAST. SEVIOUR RODRIGO

PATIENT CONTACT NUMBER : . 0777867766

PATIENT UPIN NUMBER : N/A

DOCTOR FEE : **2500.00**

HOSPITAL FEE : **1350.00**

BOOKING FEE : **674.00**

TOTAL : **4524.00**

**SURGERY PRICES AND
ADMISSIONS INFORMATION
0765577111**

TRANSACTION DATE : 26/02/2024

TIME : 05:32:25 PM

TRANSACTION USER : WEB

1. Receipt is valid only for the day of appointment.
2. Only one person is allowed to accompany patient to the channel section.
3. Appointments are subject to cancellation and / or delays due to unavoidable circumstance such as non availability of consultant.
Hospital does not take any responsibility in such instances.
4. The receipt is valid only for the patient name on the receipt.
5. Please ensure above details are accurate before attending for the consultation.
6. The management of Nawaloka Hospitals PLC reserves the right to accept or reject any or all claims what so ever without notifying any reasons, arising out of the above.



+94(0)115777777
More information via call or
WhatsApp..

LIFE LINE
1514

www.nawaloka.com



COMMENT OR SUGGESION PLEASE CALL

0115577100

සමහර අදහස් සහ සැලැස්සුම් සඳහා WHATSAPP මාර්ගයෙන්
මාර්ග දෙන්න.

THANK YOU FOR SELECTING NAWALOKA HOSPITALS,

HAVE A NICE DAY!!!!

නමඟේ තෝරා ගත්තා නිසා ඔබට හිතවතුන්ගේ
සුභ දිනයක්.



Saviour

Date: 26 | 2 | 2024

9y

9 Theophan PL 1kg BD 3
after meals

27.500kg

PNB / P/Gate 30L 2kg BD 3
before meals

Buhal 1g 3/4 week (7)

Hexilon 1g 1/2 BP X 3
after meals

7

NAWALOKA HOSPITALS PLC
Dispensed By Checked By
Ptstst

26-02-24

DR. DUMINDA PATHIRANA
MBBS (Col), DCH (Col), MD (Col)
MRCP (UK), MRCPCH (UK), FCCP
Consultant Paediatrician - Reg. No. 9798

DO NOT SUBSTITUTE
DO NOT REPEAT MEDICATIONS

Revision No: 0 Date: 22/02/2022

සැත්කම් හාස්තු සහ වේවාසික ප්‍රතිකාර පිළිබඳ තොරතුරු
මාත්‍රයෙන් ජීවිතයේදී උණ දෝෂයන් ජීවිතයේදී පැහැදිලි කරනු ලබන
Surgery prices and admission information

011 5 777 777



Pharmacy (+84) 7 9229486

Call Center (+94)11 5773777

42/FO/PH/01

OPD DRUG ISSUE-814

Token No. : 70

Bill No. OP04779454-2PH - CREDIT CARD.

Date/Time : 2024-02-26 17:31:32

Name : BABY SAVIOUR RODRIGO (9
YRS) (0777867766)

Doctor : DR. PATHIRANE DUMINDA

Account : NAWALOKA

Printed User : nmc6081

| Batch No | Qty | Unit | Amount |
|----------------------------------|-----------|-------|---------------|
| 1. THEOFIN PR-125mg (TAB) | | | |
| 078L2306 | 14 | 7.47 | 104.58 |
| 2. BUTEROL-10 mg (TAB) | | | |
| MI001 | 7 | 21.71 | 151.97 |
| 3. HEXILON-16 mg (TAB) | | | |
| THXLW30077 | 5 | 61.17 | 305.85 |

Toll (Rs.) : 562.40

PAID

Amount Rendered (Rs.) : 562.40

Balance (Rs.) : 0.00

Checking Officer

Authorized Pharmacist

In order to maintain the quality & standards of drugs,
please note once sold returns are not accepted.

අපි පිළිගැනීමට සූදානම්ව සිටින බවට තීරණය
 කළාය. එමෙන්ම, අපි පිළිගැනීමට සූදානම්ව සිටින බවට තීරණය
 කළාය.

பலப் புகழ்மிகு துறையில் பங்களிப்பதில் சிறப்பாக (6) ஈடுபட்டார்.

கொள்ளுவது செய்வது உட்கருத்துகள் பின் வருமாறுபெய்திருக்கின்றன.



MEDIHELP
HOSPITALS

Payment Receipt

Medihelp Hospital - Moratuwa

246, Galle Road., Moratuwa.,

Tel: 094 817404646

www.medihelp.lk

Consultation Service

Dr. Ruchira Somaweera

Room 12

1

RCP02819135

11 Mar (Mon)

2024 5:30 PM

Master. Seviour Rodrigo (Male) 9Y

TP: 94777867766

PID:

PAT00435884

Consultation Practitioner Fee

2,000.00

Consultation Hospital Fee

1,000.00

Total

3,000.00

Paid By : Credit Card:3000 (Card Last Digits:7231)

Invoiced : mhrprasadika (Prasadika
Malwatta)

Printed : mhrprasadika (Prasadika
Malwatta)

11th, Mar 2024 05:27:05 PM

System : www.arogya.life



DESIGN & PRINTED BY TORINO FORMS (PRIVATE) LTD, SRI LANKA TEL: 011 740041 HOTLINE: 071 365 9648 Email: sales@torinoprints.com

MEDIHELP HOSPITAL (PVT) LTD

No246, Galle Road, Moratuwa.

TP: 0117454545

INVOICE

CE NO: 8577898

ER MHRISH

DATE 11/03/2024

ACY: MHRSAJITH

TIME: 7:07 pm

| CH | | PRICE | QTY | AMOUNT |
|-------------|------|----------|-----|----------|
| ON TEARS | 10ML | 969.00 | 1 | 969.00 |
| T EYE DROPS | - | 1,387.68 | 1 | 1,387.68 |

2 TOTAL 2
QTY

GT TOTAL 2,356.68

MASTER CARDS

2,356.68

WISH YOU GOOD HEALTH

ware by mvpus 01144530199 www.mvpos.lk



බිබිගේ නම සහ වාර්තා නිවැරදිව තිබේදැයි බලන්න. වාර්තා ලබාගැනීමට රසීඩ් පත රැගෙන එන්න.



**MEDIHELP
HOSPITALS**

246, Galle Road, Moratuwa.
Tel : 0117 45 45 45
www.Medihelp.lk
info@medihelp.lk

Date :

Name : Age :

12/03/24

Defalt - tooth

P2

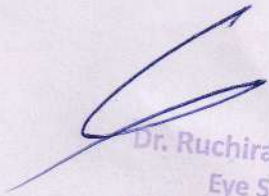
BRS 6 Refractive Error

$64 \times \frac{1}{12}$

BRS 6 Oligotactone

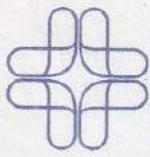
$125 \times \frac{1}{12}$

- RW 2/52


Dr. Ruchira Somaweera
Eye Surgeon
MBBS, MD(Ophthalmology)
Reg. No. 30593

AUTOMATED LABORATORY, PHARMACY, CHANNELLING, DIGITAL X-RAY,
24HRS O.P.D. / E.T.U, E.C.G., ECHO, U.S. SCAN, ETC.

හැට්ට පැමිණෙන විට මෙය රැගෙන එන්න.



**MEDIHELP
HOSPITALS**

✉ info@medihelp.lk

🌐 www.medihelp.lk

246, Galle Road, Moratuwa,
Tel : 94117454545

Payment Receipt
Medihelp Hospital - Moratuwa

OPD Service

Dr. J P L UDARA
JAYASEKARA
OPD ROOM

10

RCP02745869

23 Feb (Fri)
2024

Referred By : Self requested

Mr. SASIKA RODRIGO (Male) 44Y

TP: 94777867766

PID:

PAT00234507

OPD - Consultation

750.00

Total

750.00

Paid By : Credit Card:750 (Card Last Digits:7231)

Invoice : mhmkasuri (Kasuri Pamodya)
23rd, Feb 2024 07:04:00 AM

Printed : mhmkasuri (Kasuri Pamodya)
System : www.arogya.life



මෙයේ නම සහ වාර්තා නිවැරදිව තිබේදැයි බලන්න. වාර්තා ලබාගැනීමට පිටති පත රැගෙන එන්න.



**MEDIHELP
HOSPITALS**

246, Galle Road, Moratuwa.

Tel : 0117 45 45 45

www.Medihelp.lk

info@medihelp.lk

OUT PATIENT DEPARTMENT

Pt. Name : Mr. Sarika Rodrigo. Date : 24/02/23

Age : 43yr Sex : M

cc Epigastric discomfort ..
Nausea Vomiting ..

H/o of GERD

BP 100/60 mmHg.

Pantapraz 40 mg bd x 3d.

Damperide 10 mg tds x 3d.

Sy. Gravison 10ml bd x 1/52.

Doctor's Signature

Dr. J.P.L. UDARA JAYASEKARA

MBBS (Sri Lanka)

Official Date Stamp

AUTOMATED LABORATORY, PHARMACY, CHANNELLING, DIGITAL X-RAY,
O.P.D./E.T.U., E.C.G., ECHO, U.S. SCAN, ETC.

MEDINHELP HOSPITAL (PVT) LTD
No246, Galle Road, Moratuwa.
TP: 0117454545

INVOICE

INVOICE NO: 7005113

CASHIER MHRISH
PHARMACY: MHRISHARA

DATE 23/02/2024
TIME: 7:07 am

| PRODUCT | PRICE | QTY | MOUNT |
|--------------------------|--------|-----|--------|
| FANTODAC 40MG | 55.59 | 6 | 333.54 |
| DOMPERON 10MG | 10.73 | 10 | 107.30 |
| GAVISCON LIQUID 200ML | 723.00 | 1 | 723.00 |
| DECON PAEDIATRIC 10ML | 244.00 | 1 | 244.00 |

ITEM 4

TOTAL

QTY

NET TOTAL

MASTER CARD

WISH YOU GOOD HEALTH

Software by myPOS 0114-500199 www.mypos.lk



1,407.84

1,407.84



Pharmacy (+94)77 0229988

Call Center (+94)1: 5777777

42/FO/PH/01

OPD DRUG ISSUE BILL

Token No 22

Bill No : OP04757037-2PH - CREDIT CARD

Date/Time: 2024-01-29 13:46:48

Name BABY SAVIOUR RODRIGO (8
YRS 11 MONTHS) (0777867766)

Doctor : DR. PATHIRANE DUMINDA

Account: NAVVALORA

Printed User: mmc6081

| Batch No | Qty | Unit | Amount |
|----------|-----|------|--------|
|----------|-----|------|--------|

1. ALLEGRA-120 mg (TAB;

| | | | |
|--------|----|-------|---------|
| 3NG020 | 60 | 43.46 | 2607.60 |
|--------|----|-------|---------|

2. VENTEK-5mg (TAB)

| | | | |
|-----------|----|-------|---------|
| FAA109294 | 60 | 23.10 | 1386.00 |
|-----------|----|-------|---------|

3. NASONEX-0.05% 50 D (SPF)

| | | | |
|---------|---|---------|---------|
| A103204 | 2 | 4895 27 | 4895 37 |
|---------|---|---------|---------|

4. BUTEROL-10 mg (TAB)

| | | | |
|-------|----|-------|--------|
| MI001 | 15 | 21.71 | 325.65 |
|-------|----|-------|--------|

5. SOLUPRED-16mg (TAB)

| | | | |
|----|---|-------|--------|
| NA | 5 | 70.00 | 350.00 |
|----|---|-------|--------|

6. THEOFIN PR-125mg (TAS)

| | | | |
|----------|----|------|--------|
| 078L2306 | 14 | 7.47 | 104.58 |
|----------|----|------|--------|

7. PEPTAZOL-20 mg (TAB)

| | | | |
|---------|----|-------|--------|
| EU101-2 | 14 | 33.75 | 472.50 |
|---------|----|-------|--------|

8. ASTHALIN INHALER DC-100mcg (SPR)

| | | | |
|----|---|--------|--------|
| NA | 1 | 613.00 | 613.00 |
|----|---|--------|--------|

9. IPRAVENT INHALER-20 mcg (SPR)

| | | | |
|----|---|---------|---------|
| VA | 1 | 1838.00 | 1838.00 |
|----|---|---------|---------|

Total (Rs.): 12592.70

Amount Rendered (Rs.) : 12592.70

RECEIVED

RECEIVED

Checking Officer _____ Authorized Pharmacist _____

Nawaloka Hospitals PLC

please note once sold returns are not accepted.

[illegible]

மேலும், இவ்வாறு தீர்மானித்தால், அந்த நபரின் மரணம் உண்மையில் ஒரு குற்றமாக இருக்கிறது என்று கருதுகிறார்கள்.

பெரிய அளவுக்குள்ளேயும் பிழைப்பதற்கு உத்தரவிட்டிருக்கிறார்கள்.



Saviour

Date : 29 | 01 | 20 24

Nasorex nasal spray
1 mlit BD 18g

8g 10M

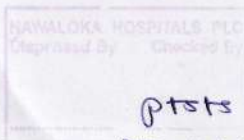
Butoral 1g 12 noon
3 months

27.700g

Salupred 10g 12 BD > 5
after meals

Theophylline 12g BD 3
after meals

Peptizol 2g BD 3
before meals



ptots
29.01.24

DR. DUMINDA PATHIRANA

MBBS (Col), DCH (Col), MD (Col)
MRCP (UK), MRCP, CH (UK), FCCP
Consultant Paediatrician - Reg. No. 9798

**DO NOT SUBSTITUTE
DO NOT REPEAT MEDICATIONS**

  011 5 777 777

No. 23, Deshamanya H K Dharmadasa Mawatha, Colombo 2, Sri Lanka

General Tel : 2304444-56, 5577111

Channel Tel : 5777848, 49, 50

Fax : 2430393

Sri Lanka National



Quality Award

Winter 1985



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02-15)

Bexitol

ହରଚର ଭାବ (୪) ଧନିତର

පිටිපිටි 02 (15)

Imparens ପକ୍ଷୀ (2) ଋତୁର ସମୟରେ (4) ଚଳେ।

கிஷ்காமி

(කැප්ෂන්)

ರಲ್-4-ವೆ ಒಬ್ಬ

Asthalin

$$\begin{matrix} 1 \\ 2 \\ 3 \\ 4 \end{matrix} > 15$$

කැස්ස අඩු වන ටීට් වාර ගණන අඩු කරන්න.

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DR. DUMINDA PATHIRANA

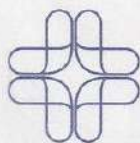
MBBS(Col), DCH(Col), MO(Col)

MRCP(UK), MRCP,CH (UK)

Consultant Pediatrician – Reg. No. 9798

DONOT SUBSTITUTE

DO NOT REPEAT MEDICATIONS



**MEDIHELP
HOSPITALS**

✉ info@medihelp.lk

🌐 www.medihelp.lk

246, Galle Road, Moratuwa.,

Tel : 94117454545

Payment Receipt
Medihelp Hospital - Moratuwa

OPD Service

Dr. M P J C
FERNANDO
OPD ROOM



RCP02796014

06 Mar (Wed)

2024

Referred By : Self requested

Mrs. SURANI FERNANDO (Female) 36Y

TP: 94777867766

PHB:

PAT00387280

OPD - Consultation

750.00

Total

750.00

Paid By : Credit Card:750 (Card Last Digits:7231)

Invoiced : mihlasith (Lasith Sachinathana) Printed : mihlasith (Lasith Sachinathana)

06 Mar 2024 09:05:04 AM

System : www.arogyalanka.lk



L.G.S.L_2023.12.29

B

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**MEDIHELP
HOSPITALS**

246, Galle Road, Moratuwa.

Tel : 0117 45 45 45

www.Medihelp.lk

info@medihelp.lk

OUT PATIENT DEPARTMENT

Pt. Name : Ms Sunand Fernando Date : 20. 24/3/16
Age : 35 Sex : F

Coz Hoarseness of voice
Dry Cough

ACX - Nil

Rx/ Amphotericin 100mg @
Perkulelu 2-5mg bd.
Mx @ daily.
Lamivudine 10mg @.
Dexam 2mg bd x 20
Itab bd x 20

57
365

Doctor's Signature

Cecilia
Dr. M.P.J.C. Fernando

Official Date Stamp

AUTOMATED LABORATORY, PHARMACY, CHANNELLING, DIGITAL X-RAY,
O.P.D./E.T.U, E.C.G., ECHO, U.S. SCAN, ETC.

SLMC

36347

MEDIRELE HOSPITAL (PVT) LTD
No246, Galle Road, Moratuwa.
TP: 0117454545

INVOICE

INVOICE NO: 8576928

CASHIER MHRISH
PHARMACY: MHMGAYANI

DATE 06/03/2024
TIME: 9:16 am

| PRODUCT | PRICE | QTY | AMOUNT |
|-------------------|-------|-----|--------|
| TURBOTE TAB 2.5MG | 8.50 | 15 | 127.50 |
| VITAMIN C (SPMC) | 1.49 | 5 | 7.45 |
| ZEOS 10MG | 37.00 | 5 | 185.00 |
| DEKAMETHASONE SPC | 1.10 | 12 | 13.20 |
| DEKAMETHASONE SPC | 1.10 | 8 | 8.80 |
| AZ-500 | 85.00 | 5 | 425.00 |

ITEM '5 TOTAL 48
QTY

NET TOTAL 764.75
MASTER CARDS 764.75

WISH YOU GOOD HEALTH

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