මෙම දරුවාට රෝහලේ දී ප්‍රමුඛත්වය දෙන්න
இச்சிறுவருக்கு வைத்தியசாலையில் முதலிடம் வழங்கவும்
Give Priority to this child at the hospital

සෞඛ්‍ය අමාත්‍යාංශ අංක 02 - 32/2002 දරන චක්‍රලේඛය
சுகாதார அமைச்சு சுற்றுநிருப இல. 02 - 32/2002 அமைய
Health Ministry Circular No. 02 - 32/2002

පාසල් සෞඛ්‍ය යොමුකිරීම් පත
பாடசாலை சுகாதார மேல்பரிசீலனை அட்டை
School Health Referral Card

කි.ප.සෞ.සේ. අ/ප සෞ.සේ.අ. කොට්ඨාසය:
பி.மா.சு.சே.ப./ பி.சு.சே.பி.பிரிவு / DPDHS/RDHS Division: Colombo

සෞඛ්‍ය වෛද්‍ය නිළධාරී කොට්ඨාසය:
சு.வை.அ.பிரிவு / MOH area: Colonnawa

සෞ.වෛ.නි. කාර්යාල දුරකථන අංකය:
சு.வை.அ. தொலைபேசி இல. / MOH Telephone No:

පාසල් ශිෂ්‍යයාගේ / ශිෂ්‍යාවගේ නම:
மாணவரின் பெயர் / Name of the Student: Sadew Thisul

ලිපිනය:
விலாசம் / Address: 309/1, Kotikawatta

පාසල:
பாடசாலை / School: Roman Catholic

ශ්‍රේණිය:
தரம் / Grade: 1

මෙම කාඩ් පත රැගෙන එන පාසල් සිසුන් අදාළ විශේෂඥ වෛද්‍ය සායනය වෙත කෙලින්ම යොමු කරන්න (බාහිර රෝගී අංශය හරහා යාම අවශ්‍ය නොවේ)
இவ்வட்டையுடன் வரும் பாடசாலை சிறாரை நேரடியாக விசேட சிகிச்சை நிலையத்திற்கு அனுப்பவும் (வெ. நோ. பிரிவிற்குக்கூடாக செல்லாமல்)
School children present with this card should be sent directly to the relevant Specialist's Clinics (without going through OPD)

Printland 2341407

විශේෂඥ වෛද්‍ය නිළධාරි / වෛද්‍ය නිළධාරි
මෙම දරුවාට විශේෂ වෛද්‍ය ප්‍රතිකාර අවශ්‍යව ඇති බැවින් ඔබ වෙත යොමු කරමි. අවශ්‍ය සටහන් කිරීමෙන් පසු හමුවීම් පත දරුවාට හෝ දෙමව්පියන්ට භාර දෙන්න.

ஐயா அம்மணி
இச்சிறுவர் தங்களின் மேல்பரிசீலனைக்காக அனுப்பப்படுகிறது. தயவுசெய்து இவ்வட்டையை தேவையான குறிப்புகளின் பின் பேற்றோரிடம் அல்லது சிறுவரிடம் ஒப்படைக்கவும்

Dear Sir / Madam
This child is referred to you for specialist care. Please return this card to the p[illegible]t or the chil[illegible] after making necessary entries.

යොමු කිරීමට හේතුව
மேல் பரிசீலனைக்கான காரணம்
Reason for referral

Poor virsim in both eyes

R/E b/g

L/E b/g

G

අත්සන / සිළ කාමය
ஒப்பம் / பதவி
Signature / Designation

යා යුතු රෝහල / සායනය வைத்தியசாலை / சிகிச்சை நிலையம் Hospital / Clinic	දිනය நாட்கள் Days	වේලාව நேரம் Time
Eye hospital	Saturday	8.00 a.m.

iacles.x

F- 10.48 Am

(R.09)

SUWANETHA
Eye Hospital
Better SIGHT, Better WORLD

No. 208/1, Kolonnawa Road,
Gothatuwa New Town, Sri Lanka.
Tel : +94 115 262626, +94 112 411244,
Fax : +94 112 411330
Email :suwanethahospital@gmail.com

Date : .....

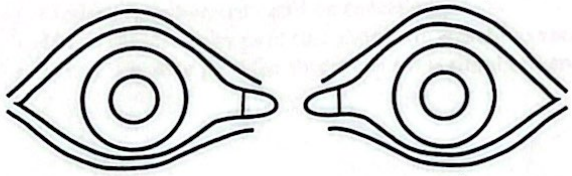
අංකය / Serial No } 23158005 දිනය / Date } 2024/06/07

සම්පූර්ණ නම / Full Name } Master. Sadew kishu.

ලිපිනය / Address } kotikawaththa

වයස / Age } 13y 9 ස්ත්‍රී පුරුෂ භාවය / Sex } M විවාහක ද අවිවාහක ද යන වග / Married of Single } —

රෝග නිධානය / Diagnosis	~~DM~~	~~HPT~~	~~HHD~~	Bipass	~~BA~~	~~Asprin~~	~~Clopid~~
	Cat.~~Sx~~		Laser.~~Rx~~			Avastin ~~Inj.~~	



ph

VA → R 6/36⁻ 6/36⁻

VA → L 6/36⁻ 6/36⁻

Clo : For Checkup

VISION CARE
OPTICAL SERVICES

Colombo City Centre - Vision Care Optical Services (Pvt) Ltd
Shop No RT.00.05, Ground Floor, 137/5 Sir James Peiris Mw, Colombo 02.
Phone 112083130
Email ccc@visioncare.lk

INVOICE

Tracking Number
VCCC00000729

Mr. SADEW KISHU 13Y
KOTIKAWATTA, 84/2/2, colombo 14
94772958964

Date : 16th, Jun 2024

PID : PAT03132474

Invoice No : RCP00339199

Description	Qty	Amount	Discount	Total
BLIZZ PLASTIC BLP-102 C6S 49-16-130	1	7,750.00	-968.75	6,781.25
R: MC ST SV HMC STOCK	1	1,750.00	-218.75	1,531.25
L: MC ST SV HMC STOCK	1	1,750.00	-218.75	1,531.25
Total (LKR)		**11,250.00**	**-1,406.25**	**9,843.75**
Cash 16, Jun 05:15 PM				2,500.00
Balance to be paid				**7,343.75**

E&OE

- You were served by: **Nilushi Somaweera (94777693943)**

- **Please collect your delivery within 90 days, otherwise order will be cancelled.**
- **Repair & adjustments of frames at customers risk.**
- **Orders once booked can't be cancelled.**
- **If this invoice fully paid this should be treated as receipt of full payment.**
- **If any advance paid for this invoice this should be treated as Receipt of advance.**

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0824

30 YEARS SINCE 1992

SUWANETHA
Eye Hospital
Better SIGHT, Better WORLD

No. 208/1, Kolonnawa Road,
Gothatuwa New Town, Sri Lanka.
Tel : +94 115 262626, +94 112 411244
Fax : +94 112 411330
Email: suwanethahospital@gmail.com

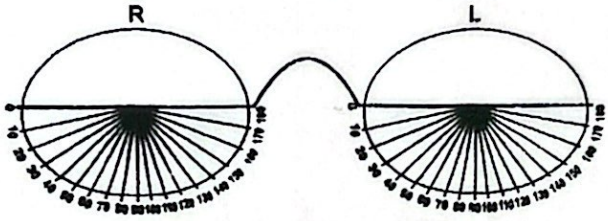
Date : .....

වට්ටෝරුව
THE PRESCRIPTION

අංකය
No. .....

නම
Name Master. Sadew Kisha (13 yrs)

R L



අහක නොදැමිය යුතුයි. කණ්නාඩි සඳහා ඊළඟ පරීක්ෂණයේ දී මෙය ගෙන ආ යුතුය.
NOT TO BE DESTROYED. TO BE BROUGHT UP AT NEXT EXAMINATION FOR GLASSES

6/9 -2

කාච / LENSES	ගෝල SPH.	සිලින්ඩර CLY.	අක්ෂ AXIS.	ගෝල SPH.	සිලින්ඩර CLY.	අක්ෂ AXIS.
දුර Distance	$\bar{4}.00$	$\bar{0}.75$	60°	$\bar{4}.25$		
කියවීම Reading						

-2 6/9 N6

වෙනත් කරුණු / REMARKS

Constant use

දිනය
Date 2024/06/13

Dr. Ahamed Ifzal M.I.
MBBS (SL), MSc Community Ophthalmology, MRCS (PK)
Community Ophthalmologist
Reg No.12291
අත්සන / Signature