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139	Velummylum	V.	V003
140	Wadugodapitiya	W.O.	W001

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141	Wannaku Korale	R.F.	W043
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143	Weeraman	D.N.D.K.	W008
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146	Weerasinghe	M.M.R.	W012
146	Weerasinghe	S.H	W056
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147	Weerasuriya	D.W.	W016
147	Weerasuriya	K.C.A.	W049
147	Weeratunga	C.R.	W018
148	Welagedara	W.M.S.	W052
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157	Zanhar	A.M.S.	Z001



Thirty years ago, we set out on a journey to improve the health and well-being of all Sri Lankans. Today, backed by a team of highly skilled and experienced health care professionals, we are blessed to be able to lend our hands to build a healthy nation, and give Sri Lankans, young and old, the chance to live strong and live more.

TRIAD 2238



Asiri Health comprises of Asiri Surgical Hospital, Asiri Central Hospital, Asiri Medical Hospital, Asiri Hospital Matara and Asiri Laboratories.

Give your patients the gift of protection against more HPV-related cancers and diseases.

MSD Pharmaceuticals would like to share that in individuals through 9-13 yrs of age, **Gardasil** can be administered according to a **2 dose(0,6 months or 0,12 months) schedule.****

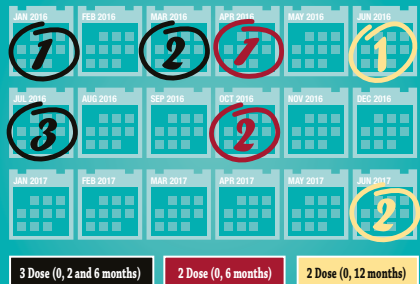
Current 3 Dose Schedule (0, 2, and 6 months):¹

- GARDASIL should be administered intramuscularly
- Girls and women 9 to 26 years
- Boys and men 9 to 26 years
- All 3 doses may be given over a period of 12 months. The second dose should be given at least 1 month after the first dose and the third dose should be given at least 3 months after the second dose.

New Alternate Dose Schedule (0, 6 months or 0, 12 months):¹

- Girls and boys 9 to 13 years

Example of dosage schedules:



GARDASIL® Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine]

It takes two
to win over HPV*

** Gardasil Pack Insert

*Human Papillomavirus

GARDASIL can protect against: cervical cancer • vulvar cancer • vaginal cancer • anal cancer • genital warts¹

Abbreviated Prescribing Information

GARDASIL®

Quadrivalent Human Papillomavirus (Types 6, 11, 16, and 18) Recombinant Vaccine

Indications: Gardasil is a vaccine for use from the age of 9 years for the prevention of: premalignant genital lesions (cervical, vulvar and vaginal), premalignant anal lesions, cervical cancers and anal cancers causally related to certain oncogenic Human Papillomavirus (HPV) types; genital warts (condyloma acuminata) causally related to specific HPV types. **Dosage and administration:** Individuals 9 to and including 13 years of age: Gardasil can be administered according to a 2-dose schedule (0.5 mL at 0, 6 months) If the second vaccine dose is administered earlier than 6 months after the first dose, a third dose should always be administered. **Individuals 14 years of age and older:** Gardasil should be administered according to a 3-dose (0.5 mL at 0, 2, 6 months) schedule. The second dose should be administered at least one month after the first dose and the third dose should be administered at least 3 months after the second dose. All three doses should be

1. Approved Package Insert of GARDASIL

given within a 1-year period. The vaccine should be administered by intramuscular injection. The preferred site is the deltoid area of the upper arm or in the higher anterolateral area of the thigh. **Use in special population:** Pregnancy: The data on Gardasil administered during pregnancy did not indicate any safety signal. However, these data are insufficient to recommend use of Gardasil during pregnancy. Vaccination should be postponed until completion of pregnancy. **Nursing Mothers:** Gardasil can be used during breast-feeding. **Pediatric Use:** The safety and efficacy of GARDASIL® have not been evaluated in children younger than 9 years. Use in the Elderly: The safety and efficacy of GARDASIL® have not been evaluated in adults above the age of 45 years. **Contraindications:** Individuals who develop symptoms indicative of hypersensitivity after receiving a dose of Gardasil should not receive further doses of Gardasil. **Warning and Precautions:** As with any vaccine, vaccination with GARDASIL® may not result in protection in all vaccine recipients. Gardasil will only protect against diseases that are caused by HPV types 6, 11, 16 and 18 and to a limited extent against diseases caused by certain related HPV types. Gardasil is for prophylactic use only and has no effect on active HPV infections or established clinical disease. Gardasil has not been shown to have a therapeutic

effect. Gardasil does not prevent lesions due to a vaccine HPV type in individuals infected with that HPV type at the time of vaccination. The use of Gardasil in adult women should take into consideration the variability of HPV type prevalence in different geographical areas. Vaccination is not a substitute for routine cervical screening. There are no safety, immunogenicity or efficacy data to support interchangeability of Gardasil with other HPV vaccines. **Undesirable Effects:** The most common adverse reactions observed were injection-site adverse reactions (77.1% of vaccinees within 5 days following any vaccination visit) and headache (16.5% of the vaccinees). These adverse reactions usually were mild or moderate in intensity. **Presentation and Storage Conditions:** 0.5 mL suspension in a pre-filled syringe (glass) with plunger stopper (siliconized Fluorel-coated bromobutyl elastomer or non-coated chlorobutyl elastomer) and tip cap (bromobutyl) without needle or with one or two needles) - pack size of 1, 10 or 20. Protect from light. Store in a refrigerator (2°C - 8°C). Do not freeze.

Before prescribing, please consult the full prescribing information.

Before administering GARDASIL, please consult the full package insert.



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Pain reduces by half, after **24 hours**⁺¹

^{*}vs placebo in acute neck pain [†] Pain at rest in acute neck pain

References: 1. Predel HG, et al. efficacy and safety of diclofenac diethylamine 1,16% gel in acute neck pain: a randomized, double-blind, placebo-controlled study, *BMC Musculoskeletal Disord*. 2013;14:250. 2. Brune K. Persistence of NSAIDs at effect sites and rapid disappearance from side-effect compartments contributes to tolerability, *Curr Res Opin*. 2007; 23:2985-95.

Use as directed on pack, Do not exceed recommended dose and frequency, as excessive dosage could be harmful to the liver, If fever persists, consult your doctor, For adverse events reporting please call on 0112636341 or email on pharmacovigilance@gsk.com

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Membership No - B001
Qualification - MBBS,FRCS
Type of Practice -
Place of Practice -
Tel. (Off.) -
Home Address - 623/11, Rajagiriya Gardens,Rajagiriya
Tel.(Res.) - 011 2863115
Mobile No. -
Email Address -
Fax No -

Surname - Dr.(Mrs) Balabaskara
Initials - S.
SLMC Reg.No - 11879
Membership No - B002
Qualification - MBBS,DFM
Type of Practice -
Place of Practice -
Tel. (Off.) -
Home Address - 132, S de S.Jayasinghe Mw, Nugegoda
Tel.(Res.) - 011 2821112
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Balasuriya
Initials - K
SLMC Reg.No - 5452
Membership No - B013
Qualification - MBBS(Cey)DAC(Lond) FRCA(England)
Type of Practice - General Practitioner
Place of Practice -
Tel. (Off.) -
Home Address - 390/6, Serpentine Road, Colombo 8.
Tel.(Res.) - 0112688204
Mobile No. - 0714722141
Email Address - wkbala@sltnet.lk
Fax No -

Surname - Dr. Balasuriya
 Initials - W.K
 SLMC Reg.No - 4542
 Membership No - B011
 Qualification - MBBS(Cey)MD, FRCP(Lond) FCCP
 Type of Practice - General Practitioner
 Place of Practice - Asiri Central Hospital, Colombo 7.
 Tel. (Off.) -
 Home Address - 390/6, Serpentine Road, Colombo 8.
 Tel.(Res.) - 0112688204
 Mobile No. - 0714722141
 Email Address - wkbala@sltnet.lk
 Fax No -

Surname - Dr. Baranage
 Initials - D.R.
 SLMC Reg.No - 4592
 Membership No - B003
 Qualification - MBBS(Cey),MCGP(SL)
 Type of Practice - General Practice
 Place of Practice - Horana
 Tel. (Off.) - 034 2261235, 034 2261236, 011 2501375
 Home Address - 106, Sri Somananda Road, Horana
 Tel.(Res.) - 034 2261236
 Mobile No. - 0771 240485
 Email Address - ranjithba@sltnet.lk
 Fax No - 034 2261235

Surname - Dr.(Mrs) Basnayake
 Initials - Sriani
 SLMC Reg.No - 4132
 Membership No - B012
 Qualification - MBBS
 Type of Practice - Reproductive Health Consultation & treatment
 Place of Practice - FPA Clinic/Asiri Wellness Centre
 Tel. (Off.) -
 Home Address - 10/A1, Rupasinghe Mawatha, Nugegoda
 Tel.(Res.) - 0112768557
 Mobile No. - 0777571484
 Email Address - srianib@sltnet.lk
 Fax No -

Surname - Dr. Batuwangala
Initials - P.
SLMC Reg.No - 4253
Membership No - B005
Qualification - MBBS [CEY]
Type of Practice -
Place of Practice -
Tel. (Off.) - New Mahajana Dispensary & Surgery , Galewela
Home Address -
Tel.(Res.) -
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Batuwitage
Initials - T.
SLMC Reg.No - 2749
Membership No - B006
Qualification - MBBS
Type of Practice - General Practice
Place of Practice - Matale
Tel. (Off.) - 066 2224306
Home Address - 18, Rattota Road, Matale
Tel.(Res.) - 066 222421
Mobile No. - 0777 948748
Email Address - titusbat@slt.net.lk
Fax No -

Surname - Dr. Black
Initials - Kanagarajan
SLMC Reg.No - 8802
Membership No - B013
Qualification - MBBS(Cey)
Type of Practice - General Practitioner
Place of Practice - Medicheks Colombo (Pvt) Ltd
Tel. (Off.) - 0777 562622
Home Address - 20 - 5B , Palmyrah Avenue, Colombo 3
Tel.(Res.) - 0112504256
Mobile No. - 0777562622
Email Address -
Fax No -

Surname - Dr. Buddadasa
 Initials - J.A.
 SLMC Reg.No - 2450
 Membership No - B007
 Qualification - MBBS(Cey),DTM & H(Cey)
 Type of Practice - General Practice
 Place of Practice - Co-operative Hospital, Kurunegala
 Tel. (Off.) - 037 2222464
 Home Address - 20, First Lane, Pubudu Mw, Co.Road,Kurunegala
 Tel.(Res.) - 037 2232186
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Bujawansa
 Initials - B.G.D.
 SLMC Reg.No - 5186
 Membership No - B008
 Qualification - MBBS(Cey),FCGP(SL)
 Type of Practice - Family Practice
 Place of Practice - 148,Galle Rd, Dehiwala.
 Tel. (Off.) - 011 2723098
 Home Address - 21, Samagi Mw, Borupana Road, Ratmalana
 Tel.(Res.) - 011 2622965
 Mobile No. - 077 4475005
 Email Address - drbgd.bujawansa@gmail.com
 Fax No -

Surname - Dr. Bulathsinghela
 Initials - R.D.A.
 SLMC Reg.No - 14874
 Membership No - B010
 Qualification - MD
 Type of Practice - Family Practice
 Place of Practice - Lanka Hospital, Colombo
 Tel. (Off.) -
 Home Address -
 Tel.(Res.) - 011 5332014
 Mobile No. - 0777 530925
 Email Address -
 Fax No -

Surname - Dr. Bulathsinghela
Initials - R.G.
SLMC Reg.No - 6155
Membership No - B009
Qualification - MBBS(Cey),MCGP(SL)
Type of Practice - Family Practice
Place of Practice - Bulathsinhala Medical Centre Pvt Ltd, Ratmalana
Tel. (Off.) - 011 2725384
Home Address - 14, Mallikarama Rd, Ratmalana
Tel.(Res.) - 011 2717606
Mobile No. - 0712 749515
Email Address - bulath2000@yahoo.com
Fax No - 011 2725384

Surname - Dr. Canagaratna
Initials - M.C.P.
SLMC Reg.No - 3495
Membership No - C016
Qualification - MBBS(Cey) PhD(Lond)
Type of Practice - Retired
Place of Practice -
Tel. (Off.) -
Home Address - 90/3, Rosmead Place, Colombo 7.
Tel.(Res.) - 011269041
Mobile No. - 0773429409
Email Address - cussuecabagaratba@gmail.com
Fax No -

Surname - Dr. Carder
Initials - A.H.
SLMC Reg.No - 8734
Membership No - C002
Qualification - MBBS
Type of Practice -
Place of Practice -
Tel. (Off.) -
Home Address - 260, Deans Road, Colombo 10
Tel.(Res.) -
Mobile No. -
Email Address -
Fax No -

Surname	- Dr. Chandra
Initials	- M.
SLMC Reg.No	- 7322
Membership No	- C012
Qualification	- MBBS(Cey)
Type of Practice	- General Practice
Place of Practice	- Mirigama
Tel. (Off.)	- 033 2273054
Home Address	- 4, 2nd Lane, Osmierwaththa, Mirigama
Tel.(Res.)	- 033 2273054
Mobile No.	- 033 2273054
Email Address	-
Fax No	-

Surname	- Dr. Chandradasa
Initials	- L.P.
SLMC Reg.No	- 8066
Membership No	- CO15
Qualification	- MBBS
Type of Practice	- General Practice
Place of Practice	-
Tel. (Off.)	-
Home Address	- 1/4, Nanda Mw, Nugegoda
Tel.(Res.)	- 0777301057
Mobile No.	- 0777301057
Email Address	- chandradasa@gmail.com
Fax No	-

Surname	- Dr. Chandramohan
Initials	- S.
SLMC Reg.No	- 13045
Membership No	- C011
Qualification	- MBBS
Type of Practice	- General Practice
Place of Practice	- No-346, Jumma Msjid Road, Col 10.
Tel. (Off.)	- 011 2683822
Home Address	- 171/16, Hekitta Road, Wattala
Tel.(Res.)	-
Mobile No.	- 0714 172192
Email Address	-
Fax No	-

Surname - Dr. Chandrasekher
 Initials - K.
 SLMC Reg.No - 8254
 Membership No - C003
 Qualification - MBBS(SL),DFM,PG Dip. Med .FCGP
 Type of Practice - Family Practice
 Place of Practice - 190. Aluthmawatha Road, Colombo 15
 Tel. (Off.) - 011- 2439258
 Home Address - 125/1, 16th Lane, College Street, Colombo 13
 Tel.(Res.) - 011 2436041 / 011 5758861
 Mobile No. - 0777 510274
 Email Address - nivedhi@sltnet.lk
 Fax No -

Surname - Dr. Chularatne
 Initials - W.
 SLMC Reg.No - 3853
 Membership No - C004
 Qualification - MBBS(Cey.), MRCP(U.K)
 Type of Practice - Dermatologist
 Place of Practice - Medical Centre, 128, Colombo Road, Kurunegala
 Tel. (Off.) - 037 2233640
 Home Address - 20, Pubudu Mawatha, Kurunegala.
 Tel.(Res.) - 037 2232132
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Cooray
 Initials - Tissa
 SLMC Reg.No - 3864
 Membership No - C013
 Qualification -
 Type of Practice -
 Place of Practice -
 Tel. (Off.) -
 Home Address - 22/6B, Kalyani Road, Colombo 6
 Tel.(Res.) - 011 2582768
 Mobile No. - 0777 382260
 Email Address -
 Fax No -

Surname - Dr. Cooray
 Initials - M.A.M.S.
 SLMC Reg.No - 22608
 Membership No - C014
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - 18/176, Dabare Mw, Colombo 05.
 Tel. (Off.) - 2599504
 Home Address -
 Tel.(Res.) -
 Mobile No. - 0773473478
 Email Address - sahancooray@yahoo.com
 Fax No -

Surname - Dr. Cooray
 Initials - S.J.V.
 SLMC Reg.No - 5954
 Membership No - C006
 Qualification - MBBS(Cey)
 Type of Practice - Family Practice
 Place of Practice - Dispensary & Surgery, Tissamaharama
 Tel. (Off.) - 047 2237282
 Home Address - 2/2, New Lane, Tissamaharama
 Tel.(Res.) - 047 2237283
 Mobile No. - 0779148555
 Email Address - jccoaray@gmail.com
 Fax No -

Surname - Dr. Cooray
 Initials - G.B.J.
 SLMC Reg.No - 6257
 Membership No - C005
 Qualification - MBBS,DFM,MCGP
 Type of Practice - General Practice
 Place of Practice - No-78,Koralawella, Moratuwa.
 Tel. (Off.) - 011 2658288
 Home Address - 22, St. Joseph's Street, Uyana, Moratuwa
 Tel.(Res.) - 011 2647193
 Mobile No. -
 Email Address - jila@gmail.com
 Fax No -

Surname - Dr. Cooray
Initials - N.C.N.
SLMC Reg.No - 2277
Membership No - C009
Qualification - MD,MBBS(Cey),DMRT(Lond)
Type of Practice - Radiation Oncological Practice
Place of Practice -
Tel. (Off.) - 011 2501562
Home Address - 38/1, Gower Street, Colombo 5
Tel.(Res.) - 011 2501562
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Corea
Initials - R.T.E.A.
SLMC Reg.No - 6391
Membership No - C007
Qualification - MBBS,DFM
Type of Practice - General Practice
Place of Practice - Horana
Tel. (Off.) -
Home Address - 'Trivia' Madapatha Road, Kolamunna, Piliyandala
Tel.(Res.) - 034 2504566
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Costa
Initials - M.A.N.R.
SLMC Reg.No - 5253
Membership No - C010
Qualification - MBBS(Cey),D.O(Lond),MRC(OPH)U.K
Type of Practice - Eye Surgeon
Place of Practice - 24, Maha Hunupitiya, Negombo (TBK)
Tel. (Off.) - 031 2233431
Home Address - 24, Maha Hunupitiya, Negombo (TBK)
Tel.(Res.) - 031 2233431
Mobile No. - 0775 342065
Email Address - antoncosta45@gmail.com
Fax No -

Surname - Dr. Croos
 Initials - W.A.M.
 SLMC Reg.No - 7672
 Membership No - C008
 Qualification - MBBS(SL)
 Type of Practice - General Practice
 Place of Practice - Dankotuwa
 Tel. (Off.) - 031 2258432
 Home Address - 30, Porathota Road, Ethukala, Negombo
 Tel.(Res.) - 060 2612608
 Mobile No. - 0712 748765
 Email Address -
 Fax No -

Surname - Dr. Dabare
 Initials - H.L.N.
 SLMC Reg.No - 15730
 Membership No - D001
 Qualification - MD(Germany)
 Type of Practice - Family and General Practice
 Place of Practice - Health Care Medical Centre, Radawana
 Tel. (Off.) - 033 2268267
 Home Address - 82A, Kirindiwela Road, Radawana
 Tel.(Res.) - 033 2268267
 Mobile No. - 0777 458997
 Email Address - drndabare@gmail.com
 Fax No -

Surname - Dr.(Mrs) Dahanayake
 Initials - I.M.
 SLMC Reg.No - 5369
 Membership No - D033
 Qualification - MBBS(Ceylon),DFM
 Type of Practice - General Practice
 Place of Practice - Grandpass
 Tel. (Off.) - 0312288797
 Home Address - 636/12, Sri Jayawardanapura Mawatha, Ethul Kotte
 Tel.(Res.) - 011 2861323
 Mobile No. - 0779 076038
 Email Address - maladahanayake@gmail.com
 Fax No -

Surname - Dr. Dalpadado
Initials - K.R.W.
SLMC Reg.No - 7238
Membership No - D040
Qualification - MBBS(SL) DCEH(Lond)
Type of Practice - General Practice
Place of Practice - Digasiri Medical Centre, Panadura
Tel. (Off.) - 0382298440
Home Address - 198, Diggala Road, Keselwatta, Panadura.
Tel.(Res.) -
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Dayananda
Initials - W.P.D.N.
SLMC Reg.No - 5096
Membership No - D030
Qualification - MBBS(Cey),DFM(Col)
Type of Practice - Family Practice
Place of Practice - At Airport Medical Centre, Medicare
Tel. (Off.) - 0112263067
Home Address - 17/A, Temple Road, Negombo
Tel.(Res.) - 0312231140
Mobile No. - 0777775693
Email Address - nelsondayanan@sltnet.lk
Fax No -

Surname - Dr. De A.Karunaratne
Initials - Y.L.I.
SLMC Reg.No - 2260
Membership No - K031
Qualification - MBBS,DCH(Cey),FRCGP(UK),FCGP(SL),MD(SL)
Type of Practice - Retired
Place of Practice - 108/7, Uyana Lane 3, Lunawa, Moratuwa
Tel. (Off.) - 011 2645597
Home Address - 108/7, Uyana Lane 3, Lunawa, Moratuwa
Tel.(Res.) - 011 2645597
Mobile No. -
Email Address -
Fax No -

Surname	- Dr. De Costa
Initials	- C.G.
SLMC Reg.No	- 11001
Membership No	- D002
Qualification	- MBBS
Type of Practice	- General Practice
Place of Practice	- Lanka Hospital
Tel. (Off.)	-
Home Address	- 230/4, Delgahawatte, Pamunuwa Road,
Tel.(Res.)	- Maharagama
Mobile No.	- 011 2851261
Email Address	- 0777 736375
Fax No	-

Surname	- Dr.(Mrs) De Fonseka
Initials	- C.I.
SLMC Reg.No	- 2719
Membership No	- D035
Qualification	- MBBS(Ceylon),Dip.Bact(London),Ph.D(London)
Type of Practice	- Retired Microbiologist
Place of Practice	-
Tel. (Off.)	-
Home Address	- 36/4, Kynsey Road, Colombo 8
Tel.(Res.)	- 011 2691993
Mobile No.	-
Email Address	-
Fax No	-

Surname	- Dr. De Silva
Initials	- D.C.L.
SLMC Reg.No	- 4314
Membership No	- D011
Qualification	- MBBS(Cey),D-Path(Lond),MCMA(SL)
Type of Practice	-
Place of Practice	-
Tel. (Off.)	-
Home Address	- 62, Alubogahawatte, Anderson Rd, Dehiwala
Tel.(Res.)	- 011 2714027
Mobile No.	-
Email Address	-
Fax No	-

Surname - Dr(Mrs) De Silva
Initials - J.K.M.
SLMC Reg.No - 3116
Membership No - D043
Qualification - MBBS, D.T.P.H.(Lond)
Type of Practice - General Practice
Place of Practice -
Tel. (Off.) -
Home Address - 3137/1A, Anderson Road, Dehiwala
Tel.(Res.) - 0112717812
Mobile No. -
Email Address -
Fax No -

Surname - Prof.(Mrs) De Silva
Initials - Nandani
SLMC Reg.No - 4453
Membership No - D015
Qualification - MBBS(Cey),DCH,DFM,MD,FCGPSL
Type of Practice - Consultation Practice
Place of Practice - Asiri Central Hospital
Tel. (Off.) -
Home Address - 117/11, Canal Bank Rd,Kalubowila, Dehiwala
Tel.(Res.) -
Mobile No. - 0777343672
Email Address - desilva@slt.lk
Fax No -

Surname - Dr. De Silva
Initials - S.A.
SLMC Reg.No - 9060
Membership No - D019
Qualification - MBBS
Type of Practice -
Place of Practice -
Tel. (Off.) - 011 2693711
Home Address - 90/1, Galle Rd, Mt.Lavinia
Tel.(Res.) -
Mobile No. - 0712 774538
Email Address - gunaratne@gmail.com
Fax No -

Surname - Dr. De Silva
 Initials - E.L.T.
 SLMC Reg.No - 3847
 Membership No - D012
 Qualification - MBBS(Cey)
 Type of Practice - Family Practice
 Place of Practice - The Clinic, Avissawella
 Tel. (Off.) - 0363369226
 Home Address - 184, Averiwatte Road, Wattala
 Tel.(Res.) - 011 2942411
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. De Silva
 Initials - M.V.L.
 SLMC Reg.No - 2280
 Membership No - D014
 Qualification - MBBS(Cey),DTPH
 Type of Practice - General Practice
 Place of Practice - Moratuwa
 Tel. (Off.) - 011 2647972
 Home Address - 'Salilanila', 117, Uyana Road, Lunawa, Moratuwa
 Tel.(Res.) - 011 2645575
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr.(Mrs) De Silva
 Initials - Damitha
 SLMC Reg.No - 3227
 Membership No - D007
 Qualification - MBBS,DCH
 Type of Practice - General Practice
 Place of Practice - CMC
 Tel. (Off.) -
 Home Address - 78/1A, 1st Lane, Gothami Road, Colombo 8
 Tel.(Res.) - 011 2693336
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. De Silva
 Initials - A.S.D.
 SLMC Reg.No - 7237
 Membership No - D038
 Qualification - MBBS(SL)
 Type of Practice - General Practice
 Place of Practice - Nugegoda
 Tel. (Off.) -
 Home Address - 111C, Pagoda Rd, Nugegoda
 Tel.(Res.) - 011 2822463
 Mobile No. - 0776051947
 Email Address - senarath803@yahoo.com
 Fax No -

Surname - Dr. De Silva
 Initials - Y.M.
 SLMC Reg.No - 9836
 Membership No - D041
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - 30/63A, Longdon Place, Colombo 7.
 Tel. (Off.) -
 Home Address - 7, 1st Lane Galpottha Rd., Nawala.
 Tel.(Res.) - 0772 334595
 Mobile No. - 0772 334595
 Email Address - minerva_desilva@yahoo.co.uk
 Fax No -

Surname - Dr. De Silva
 Initials - P.C.
 SLMC Reg.No - 6730
 Membership No - D018
 Qualification - MBBS,MCGP
 Type of Practice - General Practice
 Place of Practice - Dispensary & Surgery, Kurana, Katunayake
 Tel. (Off.) -
 Home Address - 63, Kurana, Katunayake
 Tel.(Res.) - 031 223114
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. De Zoyza
 Initials - B.
 SLMC Reg.No - 3122
 Membership No - D021
 Qualification - MBBS
 Type of Practice - Retired
 Place of Practice -
 Tel. (Off.) -
 Home Address - 239, Highlevel Rd, Kirulapona, Colombo 5.
 Tel.(Res.) - 011 2825617
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr.(Mrs) De Zoysa
 Initials - N.S.
 SLMC Reg.No - 3087
 Membership No - D036
 Qualification - MBBS(Ceylon),DTM&H(SL)
 Type of Practice - Retired
 Place of Practice -
 Tel. (Off.) -
 Home Address - 14, Bodhiraja Mawatha, Jayanthipura, Battaramulla
 Tel.(Res.) - 011 2862266
 Mobile No. - 0778972001
 Email Address - nandranidz@gmail.com
 Fax No -

Surname - Dr.(Mrs) Deraniyagala
 Initials - N.
 SLMC Reg.No - 8056
 Membership No - D023
 Qualification - MBBS,DFM,MCGP
 Type of Practice - Nursing Home
 Place of Practice - Piliyandala
 Tel. (Off.) - 011 2617777
 Home Address - 20, Saranapala Mw, Piliyandala
 Tel.(Res.) - 011 2614088
 Mobile No. - 0777 465326
 Email Address - biren@sltnet.lk
 Fax No - 011 2614088

Surname - Dr. Deraniyagala
Initials - B.P.
SLMC Reg.No - 7067
Membership No - D022
Qualification - MBBS,DFM,MCGP,MRCGP(UK)
Type of Practice - Family Practice
Place of Practice - Piliyandala
Tel. (Off.) - 011 2617777
Home Address - 20, Saranapala Mawatha, Piliyandala
Tel.(Res.) - 011 2614088
Mobile No. - 0777 667667, 0713 456759
Email Address - biren54@gmail.com
Fax No - 011 2614088

Surname - Dr.(Mrs) Deraniyagala
Initials - M.M.H.G.
SLMC Reg.No - 3413
Membership No - D037
Qualification - MBBS(SL),MAcF(SL),MCGP
Type of Practice - General Practice
Place of Practice - Colombo 7
Tel. (Off.) - 011 2696368
Home Address - 19/5, Guildford Crescent, Colombo 7
Tel.(Res.) - 011 2696368
Mobile No. - 0775 319948
Email Address - hyacinth_deraniyagala@yahoo.com
Fax No -

Surname - Dr.(Mrs) Devapura
Initials - D.R.
SLMC Reg.No - 3049
Membership No - D024
Qualification - MBBS(Cey),DPH(Liverpool)
Type of Practice - Retired
Place of Practice -
Tel. (Off.) - 011 2583928
Home Address - 1/6, King's Court, 15, Havelock Rd, Colombo 5
Tel.(Res.) - 011 2583928
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Dharmaratna
 Initials - D.A.C.H.
 SLMC Reg.No - 19864
 Membership No - D039
 Qualification - MBBS
 Type of Practice - Consultation Practice
 Place of Practice - Lanka Hospitals
 Tel. (Off.) - 011 4531088
 Home Address - 159, Depanama, Pannipitiya
 Tel.(Res.) - 011 2851882
 Mobile No. - 0777 255194
 Email Address -
 Fax No -

Surname - Dr. Dharmawansa
 Initials - A.N.
 SLMC Reg.No - 3234
 Membership No - D026
 Qualification - MBBS(Ceylon),MRCP(UK),FRCP
 Type of Practice - Retired
 Place of Practice -
 Tel. (Off.) -
 Home Address - 55/1, Ward Place, Colombo 7
 Tel.(Res.) - 011 2685246
 Mobile No. - 0777 713290
 Email Address - anevilled@yahoo.com
 Fax No -

Surname - Dr. Dimantha
 Initials - N.
 SLMC Reg.No - 4586
 Membership No - D029
 Qualification - MBBS(Cey)
 Type of Practice -
 Place of Practice - Kegalle
 Tel. (Off.) - 035 2222323
 Home Address - 88, Vidyalaya Road, Kegalle
 Tel.(Res.) -
 Mobile No. - 0773722404
 Email Address - neomal456@yahoo.com
 Fax No -

Surname - Dr.(Mrs) Dissanayake
Initials - D.M.M.K.
SLMC Reg.No - 6966
Membership No - DO44
Qualification - MBBS(SL),DFM(Col),MCGP
Type of Practice - Family Practice
Place of Practice - Mawanella
Tel. (Off.) - 035 2246218
Home Address - D 121, Palegoda Rd, Medirigama, Mawanella
Tel.(Res.) - 035 2247869
Mobile No. - 0777 131208
Email Address -
Fax No -

Surname - Dr. Edirisinghe
Initials - D.D.
SLMC Reg.No - 5903
Membership No - E002
Qualification - MBBS(Cey)
Type of Practice - Family Practice
Place of Practice - Bangala Junction, Kotte
Tel. (Off.) -
Home Address - 70, Edirisinghe Road, Mirihana, Nugegoda
Tel.(Res.) - 011 2821909
Mobile No. -
Email Address -
Fax No -

Surname - Dr.(Mrs) Ediriweera
Initials - K.
SLMC Reg.No - 3758
Membership No - E001
Qualification - MBBS(Cey),DA(Lon)
Type of Practice -
Place of Practice -
Tel. (Off.) -
Home Address - 170, Fife Road, Colombo 5
Tel.(Res.) - 011 2585002
Mobile No. -
Email Address - kamal22@slt.net.lk
Fax No -

Surname - Dr. Ediriweera
 Initials - S.A.
 SLMC Reg.No - 3104
 Membership No - E003
 Qualification - MBBS(Cey),FRCS(Eng),FRCS(Edin),FCS(SL)
 Type of Practice - Orthopaedic Practice
 Place of Practice - Delmon Medical Centre, Dehiwala
 Tel. (Off.) - 011 2714044
 Home Address - 7, Annie Avenue, Dehiwala
 Tel.(Res.) - 011 2716281
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Ediriweera
 Initials - S.M.
 SLMC Reg.No - 6128
 Membership No - E005
 Qualification - MBBS(Cey),DFM(Col)
 Type of Practice - Family Practice
 Place of Practice - National Transport Medical Institute, Werahera
 Tel. (Off.) - 0112517432
 Home Address - 58/20 Templers Rd, Mt Lavinia.
 Tel.(Res.) - 0112724093
 Mobile No. - 0714497475
 Email Address - smediriweera17@gmail.com
 Fax No -

Surname - Dr. Ellawala
 Initials - C.A.
 SLMC Reg.No - 7079
 Membership No - E004
 Qualification - MBBS, FRCS, FRCSEd, MScOrth, FCSSSL
 Type of Practice - Orthopaedic Surgeon
 Place of Practice - Asiri Hospitals, Colombo
 Tel. (Off.) - 4665500, 4524400
 Home Address - 16/14A Maligawa Road, Etul Kotte
 Tel.(Res.) - 011 2884313
 Mobile No. -
 Email Address - anae2007@gmail.com
 Fax No -

Surname - Dr. Faiz
Initials - M.M.
SLMC Reg.No - 7944
Membership No - F001
Qualification - MBBS,FRCS
Type of Practice - General Surgeon
Place of Practice - Colombo 5
Tel. (Off.) -
Home Address - 486,Galle Road, Colombo 3
Tel.(Res.) - 011 2402118
Mobile No. -
Email Address -
Fax No -

Surname - Pr.of. Ferdinand
Initials - W.A.
SLMC Reg.No - 2929
Membership No - F002
Qualification - MBBS(Cey),DCH(Lond),DFM(SL),FCGP(SL)
Type of Practice - Family Practice
Place of Practice - Negombo
Tel. (Off.) - 031 2222131
Home Address - No. 39/1, Chilaw Road, Negombo
Tel.(Res.) - 031 2222078
Mobile No. - 0712758155
Email Address - manthiri@eureka.lk
Fax No - 031 2235665

Surname - Dr. Fernando
Initials - E.M.
SLMC Reg.No - 2693
Membership No - F013
Qualification - MBBS(Cey),MOG,FRCOG(Gt.Brit)
Type of Practice - Retired
Place of Practice -
Tel. (Off.) -
Home Address - No. 8, Rajapihilla Road, Kurunegala
Tel.(Res.) - 037 2222799
Mobile No. - 0713 041954
Email Address - dremerick@sltnet.lk
Fax No -

Surname - Dr.(Mrs) Fernando
 Initials - M.G.L.
 SLMC Reg.No - 20232
 Membership No - F043
 Qualification - MBBS
 Type of Practice - Medical Practice
 Place of Practice - Sri Jayawardenapura General Hospital
 Tel. (Off.) - 0776 909712
 Home Address - No. 77B, Mount Calvary Road, Ja Ela
 Tel.(Res.) -
 Mobile No. - 0776 909712
 Email Address - mglf_lk@hotmail.com
 Fax No -

Surname - Dr. Fernando
 Initials - M.E.
 SLMC Reg.No - 4055
 Membership No - F024
 Qualification - MBBS,MPH
 Type of Practice -
 Place of Practice - Lakeside Medical Centre,Kandy
 Tel. (Off.) - 08 - 23466
 Home Address - 40, Victoria Drive, Kandy
 Tel.(Res.) - 08 - 23466
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Fernando
 Initials - W.W.F.W.
 SLMC Reg.No - 4654
 Membership No - F032
 Qualification - MBBS(Cey),MCGP, FCGP
 Type of Practice - Family Practice
 Place of Practice - Nattandiya Road, Marawila
 Tel. (Off.) - 032 2254328
 Home Address - 32 First Cross Road, Marawila
 Tel.(Res.) - 032 2254737
 Mobile No. - 0777 740365
 Email Address - wiyeyasiri@yahoo.com
 Fax No -

Surname - Dr. Fernando
Initials - W.T.
SLMC Reg.No - 3751
Membership No - F031
Qualification - MBBS(Cey),DFM(SL),FCGP
Type of Practice - Family Practice
Place of Practice - Medical Centre,Puttalam Road, Chilaw
Tel. (Off.) - 032 2222617
Home Address - 58/2, Puttalam Road, Chilaw
Tel.(Res.) - 032 2222109
Mobile No. - 0777 785469
Email Address - titusfdo@sltnet.lk
Fax No - 032 2222109

Surname - Prof. Fernando
Initials - I.Joel
SLMC Reg.No - 4255
Membership No - F019
Qualification - MBBS, DFM, FCGP
Type of Practice - Consultation
Place of Practice - 45/1, Jawatte Road, Colombo 5
Tel. (Off.) - 2502449
Home Address - 45/1, Jawatte Road, Colombo 5
Tel.(Res.) - 2502449
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Fernando
Initials - C.M.
SLMC Reg.No - 4430
Membership No - F012
Qualification - MBChB(Bristol)
Type of Practice - Retired
Place of Practice -
Tel. (Off.) -
Home Address - 32, Barnes Place, Colombo 7
Tel.(Res.) - 011 2693352
Mobile No. - 0777 678606
Email Address - malikfern@eureka.lk
Fax No -

Surname - Dr. Fernando
 Initials - S.D.G.
 SLMC Reg.No - 2853
 Membership No - F028
 Qualification - MBBS(Cey),MCGP
 Type of Practice - General Practice
 Place of Practice - 20, Hill Street, Dehiwala
 Tel. (Off.) - 011 2736506
 Home Address - 20, Hill Street, Dehiwala
 Tel.(Res.) - 011 2736506
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Fernando
 Initials - H.M.T.D.
 SLMC Reg.No - 2305
 Membership No - F016
 Qualification - MBBS,DPH,MFCM
 Type of Practice -
 Place of Practice -
 Tel. (Off.) -
 Home Address - 4/1, Park West Apartment, 92, Fonseka Rd,Co.5
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Fernando
 Initials - H.A.
 SLMC Reg.No - 3218
 Membership No - F018
 Qualification - MBBS,MD(Cey),MRCP,FACC,FACP,FCCP(USA)
 Type of Practice - Cardiologist
 Place of Practice - Asiri Central Hospital
 Tel. (Off.) - 011 2696412
 Home Address - 56/1, Horton Place, Colombo 7
 Tel.(Res.) - 011 2697469
 Mobile No. - 0777 320804
 Email Address - hemal@eureka.lk
 Fax No - 011 2682594

Surname - Dr. Fernando
 Initials - J.C
 SLMC Reg.No - 4097
 Membership No - F020
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - The Central Hospital, Colombo.
 Tel. (Off.) -
 Home Address - Flat 2B,44/7L,School Lane, Nawala.
 Tel.(Res.) - 011 2856819
 Mobile No. - 0773558737
 Email Address - jcfroyal@gmail.com
 Fax No -

Surname - Dr. Fernando
 Initials - H.G.
 SLMC Reg.No - 5999
 Membership No - F048
 Qualification - MRCPsyc
 Type of Practice -
 Place of Practice - Colombo 6
 Tel. (Off.) - 011 2580966
 Home Address - 111, W.A.Silva Mw. Colombo 6
 Tel.(Res.) - 011 2580966
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Fernando
 Initials - H.I.K.
 SLMC Reg.No - 3129
 Membership No - F004
 Qualification - MBBS(Cey),DA(RCP Lond & RCS Eng)
 Type of Practice - General Practice
 Place of Practice - Medilab (Pvt) LTD, Colombo 4
 Tel. (Off.) - 011 5557055
 Home Address - 30, Cameron Place, Colombo 3
 Tel.(Res.) - 011 2328150
 Mobile No. - 0773582930
 Email Address -
 Fax No -

Surname - Dr. Fernando
 Initials - Jayaindra
 SLMC Reg.No - 9764
 Membership No - F005
 Qualification - MBBS, MS
 Type of Practice - Consultant
 Place of Practice - Lanka Hospital
 Tel. (Off.) - 0115430000
 Home Address - 32B, Barnes Place, Colombo 7.
 Tel.(Res.) - 0112684194
 Mobile No. - 0777272142
 Email Address - jayaindra@jayaindra.com
 Fax No -

Surname - Dr. Fernando
 Initials - Joe
 SLMC Reg.No - 2944
 Membership No - F006
 Qualification - MB,LRCPLRCS,DPH,FCCP,FCMA
 Type of Practice - Retired Director General Secretary Health
 Place of Practice -
 Tel. (Off.) -
 Home Address - 506, R.A.de Mel Mawatha,Colombo 3.
 Tel.(Res.) - 011 2580672
 Mobile No. - 0776586812
 Email Address -
 Fax No -

Surname - Dr. Fernando
 Initials - Rani
 SLMC Reg.No - 6290
 Membership No - F047
 Qualification - MBBS, Dip. in FM,FCMA
 Type of Practice - Family Practice
 Place of Practice - Nawaloka Hospital/ Lanka Hospital
 Tel. (Off.) -
 Home Address - 519/2A, Alvitigala Mw, Colombo 5.
 Tel.(Res.) -
 Mobile No. - 0714812656 / 0773496688
 Email Address - ranifernando60@gmail.com
 Fax No -

Surname - Dr. Fernando
 Initials - S.L.
 SLMC Reg.No - 10542
 Membership No - F029
 Qualification - MBBS, MSC
 Type of Practice -
 Place of Practice - Colombo 2
 Tel. (Off.) - 71/7, Horton Place, Colombo 7
 Home Address - 011 2692800
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Fernando
 Initials - K.L.
 SLMC Reg.No - 7082
 Membership No - F023
 Qualification - MBBS(SL), FRCS(Edin)
 Type of Practice - General Practice
 Place of Practice - Asiri Surgical Hospital
 Tel. (Off.) - 011 4524400
 Home Address - 32/7, Sapumal Place, Rajagiriya
 Tel.(Res.) - 011 2868340
 Mobile No. - 0777 374410
 Email Address - drklfernando@hotmail.com
 Fax No -

Surname - Dr. Fernando
 Initials - H.M.
 SLMC Reg.No - 5322
 Membership No - F044
 Qualification - MBBS(Cey.), MD, FCCP(SL), FCMA(SL)
 Type of Practice - Retired
 Place of Practice -
 Tel. (Off.) -
 Home Address - 170, St. Mary's Road, Tudella, Ja Ela
 Tel.(Res.) - 011 2237147
 Mobile No. - 0773452520
 Email Address - hmanilfernando@gmail.com
 Fax No -

Surname - Dr. Fernando
 Initials - D.N.
 SLMC Reg.No - 21404
 Membership No - F045
 Qualification - MD(Latvia)
 Type of Practice - General Practice
 Place of Practice - Medical Clinic, Dalugama, Kelaniya
 Tel. (Off.) - 011 2913936
 Home Address - 412/2, Tyre Coporation Road, Dalugama, Kelaniya
 Tel.(Res.) - 011 2913936
 Mobile No. - 0777 662640
 Email Address - dilanka@yahoo.com
 Fax No -

Surname - Dr. Fernando
 Initials - P.U.E.
 SLMC Reg.No - 6164
 Membership No - F026
 Qualification - MBBS,FACA,F.HK.C.Anaes.Med,D.A(Lon),MRCS(Eng)
 Type of Practice - Anaesthesiological Practice
 Place of Practice - Retired
 Tel. (Off.) -
 Home Address - 35, Rosmead Place, Colombo 7
 Tel.(Res.) - 011 2684605
 Mobile No. - 0773553159
 Email Address - upalif@hotmail.com
 Fax No -

Surname - Dr. Fernando
 Initials - A.T.D.
 SLMC Reg.No - 8686
 Membership No - F046
 Qualification - MBBS,DFM
 Type of Practice - General Practice
 Place of Practice - 266, Negombo Road, Nagoda, Kandana
 Tel. (Off.) - 011 2241251
 Home Address - 03, Mahawatta, Welisara, Ragama
 Tel.(Res.) - 011 4979272
 Mobile No. - 0718 222951
 Email Address - fernando@live.com
 Fax No -

Surname - Dr. Fernando
Initials - Manjula
SLMC Reg.No - 20232
Membership No - F047
Qualification - MBBS
Type of Practice - General Practice
Place of Practice - Lanka Hospital, Colombo
Tel. (Off.) - 2236522
Home Address - 100, Mount Calvary Rd, Jaela
Tel.(Res.) -
Mobile No. - 0776909712
Email Address - mglf-lk@hotmail.com
Fax No -

Surname - Dr. Fernando
Initials - T.A.
SLMC Reg.No - 4849
Membership No - F030
Qualification - MBBS(Cey),MD,FAAP(USA)
Type of Practice - Paediatrics
Place of Practice - Ninewells & Park Hospitals
Tel. (Off.) - 011 259200 / 4520999
Home Address - 24, De Fonseka Road, Colombo 5
Tel.(Res.) - 011 2503670
Mobile No. - 0777288045
Email Address - theofernando@slt.net.lk
Fax No -

Surname - Dr. Fernando
Initials - N.K.
SLMC Reg.No - 4891
Membership No - F047
Qualification - MBBS(Cey)Am.Bd.Certification
Type of Practice - Private Practice
Place of Practice - Oasis Hospital
Tel. (Off.) - 4514770
Home Address - 29/1, Kassapa Rd, Colombo 5.
Tel.(Res.) - 2501778
Mobile No. - 0716060989
Email Address - Priyani.kumarf@gmail.com
Fax No -

Surname - Dr. (Mrs). Fernandopulle
 Initials - Carmel E. I.
 SLMC Reg.No - 6810
 Membership No - F034
 Qualification - MBBS(CEY), MCGP(S/L), FCGP(S/L)
 Type of Practice - Consultative
 Place of Practice - Nestle Lanka PLC, Kurunegala Factory
 Tel. (Off.) - 0312299682 Ext 118
 Home Address - 14/3, Park Street, Colombo 2
 Tel.(Res.) - 011 2421148
 Mobile No. - 0714759719
 Email Address - carmel.fernandopulle@gmail.com
 Fax No - 0312299630

Surname - Dr. Fernandopulle
 Initials - M
 SLMC Reg.No - 3683
 Membership No - F035
 Qualification - MBBS,DCH,MRCP,MCCP
 Type of Practice - Paediatrics
 Place of Practice - 33, Police Park Avenue, Colombo 3
 Tel. (Off.) - 011 2501217
 Home Address - 33, Police Park Avenue, Colombo 3
 Tel.(Res.) - 011 2501217
 Mobile No. - 0718 433038
 Email Address - maxiefernandofulle@gmail.com
 Fax No -

Surname - Dr. Fonseka
 Initials - N.H.S.R.
 SLMC Reg.No - 6533
 Membership No - F042
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - Warakapola
 Tel. (Off.) - 035 2267391
 Home Address - 519, Mahena, Warakapola
 Tel.(Res.) - 035 2267226
 Mobile No. - 0717391454
 Email Address -
 Fax No -

Surname - Dr. Fonseka
 Initials - E.N.R.
 SLMC Reg.No - 4681
 Membership No - F039
 Qualification - MBBS(Cey),DFM(Colombo),MCGP(SL)
 Type of Practice - General Practice
 Place of Practice - Surya Lanka Resort, Talalla South, Gandara
 Tel. (Off.) - 041 2259850
 Home Address - 34/2, 1st Lane, Kirulapona, Colombo 5
 Tel.(Res.) - 011 2814780
 Mobile No. - 07755 00794
 Email Address - fonsakaranjit@yahoo.com
 Fax No -

Surname - Dr. Fonseka
 Initials - M.G.J.
 SLMC Reg.No - 4311
 Membership No - F041
 Qualification - MBBS(Cey)
 Type of Practice - Private Medical Practice
 Place of Practice - 122B, Stanley Tillekaratne Mawatha, Nugegoda
 Tel. (Off.) - 011 2853111
 Home Address - 122A, Stanley Tillekaratne Mawatha, Nugegoda
 Tel.(Res.) - 011 2853111
 Mobile No. - 0777 467827
 Email Address - mgjf@dialogst.net
 Fax No - 011 2853111

Surname - Dr. Gajanayaka
 Initials - R.S.P.
 SLMC Reg.No - 19559
 Membership No - GO37
 Qualification - MBBS(Col)
 Type of Practice -
 Place of Practice -
 Tel. (Off.) -
 Home Address - 4A, First Lane, Jambugasnulla Road, Nugegoda.
 Tel.(Res.) -
 Mobile No. - 0773021888
 Email Address -
 Fax No -

Surname - Dr. Galagoda
 Initials - Geethani C.S.
 SLMC Reg.No - 9472
 Membership No - G050
 Qualification - MBBS(Ceylon),MD(Med.Micro), MD
 Type of Practice - Consultant Microbiologist
 Place of Practice - Lanka Hospitala Diagnostics
 Tel. (Off.) -
 Home Address - 9131E, Perera Mw, Divulapitiya, Borelesgamuwa
 Tel.(Res.) - 0773063925
 Mobile No. - 0766129201
 Email Address - geethanic@gmail.com
 Fax No -

Surname - Dr. Galappaththi
 Initials - D.C.
 SLMC Reg.No - 13308
 Membership No - G001
 Qualification - MBBS,DFM,MCGP
 Type of Practice - Family Practice
 Place of Practice - Medi Needs, Colombo 7 / Moratuwa
 Tel. (Off.) - 011 7285555
 Home Address - G-49, Torrington Avenue, Colombo 7
 Tel.(Res.) - 011 7285555
 Mobile No. - 0777 310636
 Email Address - chandanagalap@yahoo.com
 Fax No -

Surname - Dr. Ganegoda
 Initials - A.P.M.
 SLMC Reg.No - 3363
 Membership No - G046
 Qualification - MBBS(Ceylon)
 Type of Practice - General Practice
 Place of Practice - "Sylvestrine" Dalugama, Kelaniya
 Tel. (Off.) - 011 2905332
 Home Address - 40, 1st Cross Street, Dalugama, Kelaniya
 Tel.(Res.) - 0712732925
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr(Mrs). Ganeshananthan
 Initials - V
 SLMC Reg.No - 3438
 Membership No - G005
 Qualification - MBBS(Cey)DTCD(Walcs)
 Type of Practice - General Practice
 Place of Practice - 17A, Hampden Lane, Colombo 6.
 Tel. (Off.) -
 Home Address - 85/30, Jawatta Road, Colombo 5.
 Tel.(Res.) - 2588351
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Ginige
 Initials - R.D.de S.
 SLMC Reg.No - 5950
 Membership No - G006
 Qualification - MBBS(Cey), MCGP
 Type of Practice - General Practice
 Place of Practice - 5, Light House Street, Fort-Galle.
 Tel. (Off.) - 0912242725
 Home Address - 5, Chando Street, Fort, Galle
 Tel.(Res.) - 0912222517
 Mobile No. - 0776761635
 Email Address - rginige@yahoo.com
 Fax No -

Surname - Dr. Gnanaselvam
 Initials - E.R.
 SLMC Reg.No - 3564
 Membership No - G021
 Qualification - MBBS(Cey) DFM(SL)
 Type of Practice - Hospital
 Place of Practice - Asiri Hospital
 Tel. (Off.) - 2500608
 Home Address - 53, Peterson Lane, Colombo 3.
 Tel.(Res.) - 2501389
 Mobile No. - 0722814594
 Email Address - pwg@eureka.lk
 Fax No -

Surname - Dr. Gnanissara
 Initials - S.A.P.
 SLMC Reg.No - 4374
 Membership No - G007
 Qualification - MBBS(Cey),DPH(UK),FCCP(SL),FCMA(SL)
 Type of Practice - Consaltant Community Physician
 Place of Practice - Retired
 Tel. (Off.) -
 Home Address - 123, Veluwanarama Rd, Pamankada, Colombo 6
 Tel.(Res.) - 011 2581344
 Mobile No. - 0776 506826
 Email Address - gnaniss@hotmail.com
 Fax No -

Surname - Dr. Godakanda
 Initials - N.M.
 SLMC Reg.No - 5399
 Membership No - G008
 Qualification - MBBS(Cey)
 Type of Practice - Retired
 Place of Practice -
 Tel. (Off.) - 29/3, Galle Road, Colombo 4.
 Home Address - 0112500690
 Tel.(Res.) -
 Mobile No. - savindra67@hotmail.com
 Email Address - 0382232678
 Fax No -

Surname - Dr. Gomes
 Initials - C.M.
 SLMC Reg.No - 5545
 Membership No - G009
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - Panadura Medical Services, Panadura
 Tel. (Off.) - 0382233316
 Home Address - 22, Fonseka Road, Panadura
 Tel.(Res.) - 0382232588
 Mobile No. - 0712334116
 Email Address - chrisiro@sltnet.lk
 Fax No -

Surname - Dr. Gooneratne
 Initials - A.N.
 SLMC Reg.No - 5988
 Membership No - G010
 Qualification - MBBS(Cey)DFM(SL)DCM(SL)FCGP, MRCGP
 Type of Practice - Family Practice
 Place of Practice - 10/2, Borella Cross Road, Colombo 8
 Tel. (Off.) - 011 2697723
 Home Address - 10/1, Borella Cross Road, Colombo 8
 Tel.(Res.) - 011 2697723
 Mobile No. - 0714 303965
 Email Address - rishara@sltnet.lk
 Fax No -

Surname - Dr.(Mrs) Gooneratne
 Initials - D.C.
 SLMC Reg.No - 6761
 Membership No - GO38
 Qualification - MBBS,DFM,MCGP
 Type of Practice - Family Practice
 Place of Practice - Borella
 Tel. (Off.) - 011 2697723
 Home Address - 10/1, Borella Cross Rd, Colombo 8
 Tel.(Res.) - 011 2697723
 Mobile No. -
 Email Address - rishar@sltnet.lk
 Fax No -

Surname - Dr. Gooneratne
 Initials - R.
 SLMC Reg.No - 9627
 Membership No - G011
 Qualification - MBBS, MRCP
 Type of Practice -
 Place of Practice - 30,Lauries Road,Colombo 4.
 Tel. (Off.) - 2508993
 Home Address - 30,Lauries Road,Colombo 4.
 Tel.(Res.) - 2508993
 Mobile No. -
 Email Address -
 Fax No -

Surname - Prof. Goonaratna
 Initials - C. de F.W.
 SLMC Reg.No - 3226
 Membership No - G014
 Qualification - MBBS, FCCP, FRCP, FRCP,PhD,FNASSL, DSc
 Type of Practice - General Physician
 Place of Practice - OASIS Hospital, Narahenpita
 Tel. (Off.) - 011 4612643
 Home Address - 117/3A, Koswatta Road, Nawala
 Tel.(Res.) - 011 2865480
 Mobile No. - 0773 761205
 Email Address - si7np5e@gmail.com
 Fax No - 011 4612643

Surname - Dr. Goonesekera
 Initials - S.M.
 SLMC Reg.No - 3302
 Membership No - G015
 Qualification - MBBS(Cey)DPH(Syd)D.Food Sc & Nutri(Neth)
 Type of Practice - Community Physician
 Place of Practice - Colombo
 Tel. (Off.) -
 Home Address - 9, Priya Avenue,Kohuwala, Nugegoda.
 Tel.(Res.) - 2854007
 Mobile No. - 0712202463
 Email Address - sanathmg@sltnet.lk
 Fax No -

Surname - Dr(Mrs). Goonetillake
 Initials - C.J.
 SLMC Reg.No - 3300
 Membership No - G018
 Qualification - MBBS(Cey)DCH(SL)
 Type of Practice - Retired
 Place of Practice -
 Tel. (Off.) -
 Home Address - 100/3, Welikadawatte Road, Rajagiriya.
 Tel.(Res.) - 0112865002
 Mobile No. - 0779826907
 Email Address - latha8121933@gmail.com
 Fax No -

Surname - Dr.(Mrs) Goonetilleke
 Initials - S.H
 SLMC Reg.No - 6626
 Membership No - GO47
 Qualification - MBBS(SL),DFM(Col)
 Type of Practice - General Practice
 Place of Practice - 75, Main Street, Eheliyagoda
 Tel. (Off.) - 03622581110777318974
 Home Address - 116, Dehiwala Road, Maharagama
 Tel.(Res.) - 0777318974
 Mobile No. - 0718259563
 Email Address - sunilseneviratne@dialogsl.net
 Fax No -

Surname - Dr.(Mrs) Gowryshankar
 Initials - V
 SLMC Reg.No - 6601
 Membership No - GO48
 Qualification - MBBS(SL),DFM(Col), DCH
 Type of Practice - General Practice
 Place of Practice - Durdans Hospital, 3, Alfred Place, Col. 3
 Tel. (Off.) - 0776508177
 Home Address - 10-2/10 Milan square,37th lane, Colombo 6
 Tel.(Res.) -
 Mobile No. - 0776508177
 Email Address -
 Fax No - vashshankar30@gmail.com

Surname - Dr.Gunarathna
 Initials - K.
 SLMC Reg.No - 4399
 Membership No - G043
 Qualification - MBBS(Cey)DFM(Col)
 Type of Practice - General Practitioner
 Place of Practice - 6, Himbutana Rd, Mulleriyawa New Town.
 Tel. (Off.) - 0724336989
 Home Address -
 Tel.(Res.) - 17E, HPT Mw, Walpola Rd, Aggona ,
 Mobile No. - 0724336989
 Email Address - kithsiri.gunarathna@gmail.com
 Fax No - 0112569805

Surname - Dr. Gunaratna
 Initials - N.P.S.
 SLMC Reg.No - 2559
 Membership No - G039
 Qualification - MBBS(Cey),FRCP,FCCP,FSLCP(SL), DCH(Eng)
 Type of Practice - Consultant Paediatrician
 Place of Practice - Durdans, Joseph Frazer Hospitals
 Tel. (Off.) -
 Home Address - 35, Bagatalle Rd, Colombo 3
 Tel.(Res.) - 011 2586081
 Mobile No. - 0777 571682
 Email Address - naomalg@gmail.com
 Fax No -

Surname - Dr.(Mrs) Gunasekera
 Initials - T.
 SLMC Reg.No - 4456
 Membership No - G045
 Qualification - MBBS(Cey) D.T.M.H
 Type of Practice - Family Practice
 Place of Practice -
 Tel. (Off.) -
 Home Address - 25/3, Cyril de Silva Mw, Pepiliyana Rd, Nugegoda.
 Tel.(Res.) - 0112811027
 Mobile No. - 0716604151
 Email Address -
 Fax No -

Surname - Dr(Mrs) Gunasekera
 Initials - D.H.C.
 SLMC Reg.No - 13592
 Membership No - G022
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - Biyagama Hospital (Pvt) ltd
 Tel. (Off.) - 0112571578
 Home Address - 351/C, Gonahena, Kadawatha.
 Tel.(Res.) - 0112973343
 Mobile No. - 0714257028
 Email Address -
 Fax No -

Surname - Dr. Gunasekera
 Initials - H.E.C.
 SLMC Reg.No - 6071
 Membership No - G023
 Qualification - MBBS(Cey)
 Type of Practice - Family Practice
 Place of Practice - Moratuwa.
 Tel. (Off.) - 011 2645642
 Home Address - 26/6, Main Street, Moratuwa
 Tel.(Res.) - 011 2645642
 Mobile No. - 0789688073
 Email Address -
 Fax No -

Surname - Dr. Gunasekera
 Initials - I.M.De.Z.
 SLMC Reg.No - 6608
 Membership No - G033
 Qualification - MBBS
 Type of Practice - General Surgeon
 Place of Practice - Nawaloka Hospital
 Tel. (Off.) -
 Home Address - 112/1, 5th Lane, Colombo 3.
 Tel.(Res.) - 2421660, 2573022
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Gunasekera
 Initials - A.D.
 SLMC Reg.No - 3794
 Membership No - G020
 Qualification - MBBS(Cey),MRCP(Ireland),FFARCS(Eng)
 Type of Practice - General Practice
 Place of Practice - 25, Rodrigo Mw, Nawala.
 Tel. (Off.) - 011 4946945
 Home Address - 25, Rodrigo Mw, Nawala
 Tel.(Res.) - 011 4946945
 Mobile No. - 0723 520717
 Email Address -
 Fax No -

Surname - Dr. Gunasekera
 Initials - P.C.
 SLMC Reg.No - 7576
 Membership No - G025
 Qualification - MBBS MS FRCS(ED) MRCDS
 Type of Practice -
 Place of Practice - UNFPA
 Tel. (Off.) - 580691 EX236
 Home Address - 7, Claesser Place, Colombo 5.
 Tel.(Res.) - 2823640
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr.(Mrs) Gunasekera
 Initials - I.S.
 SLMC Reg.No - 11753
 Membership No - G024
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - Guy Paravithan Dispensary & Surgery, Nugegoda
 Tel. (Off.) - 2852353
 Home Address - 6/1, Pagoda Road, Nugegoda.
 Tel.(Res.) - 2852877
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Gunasena
 Initials - R.A.
 SLMC Reg.No - 2825
 Membership No - G027
 Qualification - MBBS(Cey),DTM & H,DACP
 Type of Practice - General Practice
 Place of Practice - Retired
 Tel. (Off.) -
 Home Address - 156/7, Kesbewe Road, Boralesgamuwa.
 Tel.(Res.) - 0312509270
 Mobile No. - 0779096456
 Email Address - richiea1@gunasena.com
 Fax No -

Surname - Dr. Gunawardene
 Initials - D.T.R.
 SLMC Reg.No - 5230
 Membership No - G041
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - 541, Bullers Rd, Colombo 8
 Tel. (Off.) - 011 4542819
 Home Address - 541, Bullers Rd, Colombo 8
 Tel.(Res.) - 011 4859067
 Mobile No. - 0776 366811
 Email Address - tgunawardena21@gmail.com
 Fax No -

Surname - Dr. Gunewardena
 Initials - S.D.
 SLMC Reg.No - 7539
 Membership No - G031
 Qualification - MBBS, DFM
 Type of Practice - General Practice
 Place of Practice - 16/3M, HNS - 1st Cross St, Kiribathgoda, Kelaniya
 Tel. (Off.) - 2916769
 Home Address - 128, Kandawatte Road, Colombo 5.
 Tel.(Res.) - 2827846
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Gunawardena
 Initials - Suneetha
 SLMC Reg.No - 3351
 Membership No - G044
 Qualification - MBBS
 Type of Practice - Family Practice
 Place of Practice -
 Tel. (Off.) -
 Home Address - 207/9, Dharmapala Mw, Colombo 7
 Tel.(Res.) - 2699438
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr.(Mrs) Gunawardena
 Initials - A.I.A.
 SLMC Reg.No - 12950
 Membership No - G029
 Qualification - MBBS, DFM
 Type of Practice - General Practice
 Place of Practice - University of Sri Jayawardenepura
 Tel. (Off.) -
 Home Address - 151/18, University Lane, Rattanapitiya, Borelesgamuwa
 Tel.(Res.) - 2801912
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr(Mrs) Gunawardene
 Initials - B.P.
 SLMC Reg.No - 7710
 Membership No - G030
 Qualification - MD(Leipzig)Ger.DFM(SL)
 Type of Practice - Family Medicine
 Place of Practice - 351, Boralugoda, Kosgama.
 Tel. (Off.) -
 Home Address - 351, Borulugoda, Kosgama
 Tel.(Res.) -
 Mobile No. - 0777236206
 Email Address - boralugoda@sltnet.lk
 Fax No - 5533934

Surname - Dr. Gunawardhana
 Initials - W.G.P.
 SLMC Reg.No - 14224
 Membership No - G048
 Qualification - MBBS,DFM,MCGP,MD(Family Med),MRCGP(INT)
 Type of Practice - General Practice
 Place of Practice - Leeson's Hospital - Ragama
 Tel. (Off.) - 011 2961300
 Home Address - 33, Kurana , Katunayake
 Tel.(Res.) - 0112259123
 Mobile No. - 0718037250
 Email Address - pradguna@gmail.com
 Fax No -

Surname - Dr. Gunatilleke
 Initials - S.L.
 SLMC Reg.No - 6208
 Membership No - G034
 Qualification - MBBS
 Type of Practice -
 Place of Practice -
 Tel. (Off.) -
 Home Address - 7/5, Bagatelle Road, Colombo 3.
 Tel.(Res.) - 2587459
 Mobile No. -
 Email Address - janak@mail.ewisl.net
 Fax No -

Surname - Dr. Hafeel
 Initials - A.
 SLMC Reg.No - 6104
 Membership No - H001
 Qualification - MBBS(SL)
 Type of Practice - General Practice
 Place of Practice - Puttalam
 Tel. (Off.) - 032 2265414
 Home Address - 11/3, Gunaratne Place, Park Road, Colombo 5
 Tel.(Res.) - 011 2583787
 Mobile No. - 0776 909518
 Email Address - mhafeel@ymail.com
 Fax No -

Surname - Dr(Mrs)Haniffa
 Initials - S.
 SLMC Reg.No - 8088
 Membership No - H004
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice -
 Tel. (Off.) -
 Home Address - 6/44, Christu Rajamawatha, Hendala, Wattala
 Tel.(Res.) - 0112949199
 Mobile No. - 0775309956
 Email Address -
 Fax No -

Surname - Dr. Mohamed Haroon
Initials - A.A.
SLMC Reg.No - 8078
Membership No - H005
Qualification - MBBS
Type of Practice - Family Physician
Place of Practice - No. 3, Milagiriya Avenue, Colombo 4.
Tel. (Off.) - 2582459
Home Address - 43, Bullers Lane, Colombo 7.
Tel.(Res.) - 2508066
Mobile No. - 0777896949
Email Address - dr.haroon@lucky.lk
Fax No - 0112506897

Surname - Dr. Hattotuwa
Initials - Rohana
SLMC Reg.No - 6840
Membership No - H007
Qualification - MBBS,MS O&G, FICOG(Hon), FRCOG, FSLCOG
Type of Practice - Obst. & Gyn
Place of Practice - Ninewells CARE Mother & Baby Hospital, Colombo 5.
Tel. (Off.) - 4520999
Home Address - 291/40, Havelock Gardens, Colombo 6.
Tel.(Res.) - 0112589172
Mobile No. - 0773315001
Email Address - rohana@ninewellscare.com
Fax No - 4527182

Surname - Dr. Hazari
Initials - A.H.A.
SLMC Reg.No - 7470
Membership No - H008
Qualification - MBBS
Type of Practice - Family Physician
Place of Practice - 10, Asoka Gardens, Bambalapitiya, Colombo 4
Tel. (Off.) - 011 2584125
Home Address - Melbourne Heights, 24 2/2, Melbourne Avenue, Co. 4
Tel.(Res.) - 011 2364170
Mobile No. - 077 2364424
Email Address - ahahazari@gmail.com
Fax No - 011 2508303

Surname - Dr. Herath
 Initials - H.M.S.H.
 SLMC Reg.No - 8354
 Membership No - H020
 Qualification - MBBS(Ceylon)
 Type of Practice - General Practice
 Place of Practice - 0712323774
 Tel. (Off.) - Biyagama Pvt Hospitalm ,Walgama, Malwana
 Home Address - 0712323774
 Tel.(Res.) - Godaparagas Handiya, Millewa, Horana
 Mobile No. - 0712323774
 Email Address - samherath@live.com
 Fax No -

Surname - Dr.(Mrs) Hettiarachchi
 Initials - I.
 SLMC Reg.No - 6880
 Membership No - H012
 Qualification - MBBS,MSc(Community Medicine)
 Type of Practice - National Programme Officer
 Place of Practice - International Labour Organisation
 Tel. (Off.) - 011 2590296/7, 011 2592525
 Home Address - 10, Rukmal Pedesa, Sirimal Uyana, Ratmalana
 Tel.(Res.) - 011 2856145
 Mobile No. - 0777 598220
 Email Address - indirailohiv@sltnet.lk
 Fax No - 011 2590298

Surname - Dr. Hettiarachchi
 Initials - V.A.
 SLMC Reg.No - 4353
 Membership No - H014
 Qualification - MBBS(Cey)
 Type of Practice - Private practice
 Place of Practice - Dankotuwa Surgery, Dankotuwa.
 Tel. (Off.) - 031-2258126
 Home Address - Atiyawala, Dankotuwa
 Tel.(Res.) - 031-2258126
 Mobile No. - 0777245571
 Email Address -
 Fax No -

Surname - Dr(Mrs). Hettiarachchi
 Initials - E.I.K.S.
 SLMC Reg.No - 4378
 Membership No - H013
 Qualification - MBBS(Cey)
 Type of Practice -
 Place of Practice -
 Tel. (Off.) -
 Home Address - 74/1, Lauries Road, Bambalapitiya, Colombo 4.
 Tel.(Res.) - 2535906
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Hettige
 Initials - Sanath
 SLMC Reg.No - 9345
 Membership No - HO18
 Qualification - MBBS, MD, DFM, MCGP
 Type of Practice - General Practice
 Place of Practice - 92, Wattegedera Road, Maharagama
 Tel. (Off.) - 0112851517
 Home Address - 92, Wattegedera Road, Maharagama
 Tel.(Res.) - 0112851517
 Mobile No. - 0772283730
 Email Address - hettiges@sltnet.lk
 Fax No -

Surname - Dr. Hewawasan
 Initials - G.N.A.
 SLMC Reg.No - 5208
 Membership No - H015
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - 187/1/D, Kirigampamunuwa, Polgasowita
 Tel. (Off.) - 011 2780430
 Home Address - 187/1/D, Kirigampamunuwa, Polgasowita
 Tel.(Res.) - 011 2780430
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Hussain
Initials - A.S.
SLMC Reg.No - 7249
Membership No - H016
Qualification - MBBS
Type of Practice - General Practice
Place of Practice - Delmon Hospital
Tel. (Off.) - 2586893, 2586726
Home Address - No. 63, Allen Avenue, Dehiwela.
Tel.(Res.) - 2739487,2738121
Mobile No. -
Email Address -
Fax No -

Surname - Dr(Mrs) Indraratna
Initials - W.S.P.
SLMC Reg.No - 2575
Membership No - I001
Qualification - DCH(Eng)DPH(Lond)MBBS(Cey)
Type of Practice - Part time General Practice
Place of Practice - 355 Park Road, Colombo 5
Tel. (Off.) - 011 2592071
Home Address - 355 Park Road, Colombo 5
Tel.(Res.) - 0112501228
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Inpathurai
Initials - C.C.
SLMC Reg.No - 7253
Membership No - I003
Qualification - MBBS(Cey),DCH(Glasgow)
Type of Practice - General Practice
Place of Practice - 46, Baily Road, Batticaloa
Tel. (Off.) - 065 2225471
Home Address - 340, Bar Rd, Batticaloa
Tel.(Res.) - 065 222611
Mobile No. - 0770698621
Email Address -
Fax No -

Surname - Dr. Jahufar
 Initials - M.I.
 SLMC Reg.No - 7379
 Membership No - J001
 Qualification - MBBS,DFM,MCGP
 Type of Practice - Solo Practice
 Place of Practice - 43C, Farm Road, Mattakkuliya, Colombo 15.
 Tel. (Off.) - 011 2521586
 Home Address - 43/1, Farm Rd, Mattakkuliya, Colombo 15
 Tel.(Res.) - 011 2521586
 Mobile No. - 0718 272333
 Email Address - dr.jahufar@hotmail.com
 Fax No -

Surname - Dr. Jameel
 Initials - A.J.
 SLMC Reg.No - 7112
 Membership No - J002
 Qualification - MBBS
 Type of Practice - Private Hospital Director
 Place of Practice - Aloka(Pvt)Hospital, 64, Goods Shed Rd, Ratnapura
 Tel. (Off.) - 0452223200
 Home Address - 116A, Old Veralupe Road, Ratnapura.
 Tel.(Res.) - 0454360370
 Mobile No. - 0777395753
 Email Address - ajjam@yahoo.co.sri
 Fax No - 0452230015

Surname - Dr. Jasinghe
 Initials - Ranjith
 SLMC Reg.No - 6225
 Membership No - J003
 Qualification - MBBS,LRCP, MRCS, FRCS(UK)
 Type of Practice - General Practice
 Place of Practice - UK
 Tel. (Off.) -
 Home Address - 21A/82, Aruppola Rd, Aruppola, Kandy.
 Tel.(Res.) - 0777254072
 Mobile No. - 0777254072
 Email Address - ranjithjasinghe@hotmail.com
 Fax No -

Surname - Dr. Jayamaha
 Initials - J.M.A.
 SLMC Reg.No - 9519
 Membership No - J052
 Qualification - MBBS(Cey)
 Type of Practice -
 Place of Practice - 0714308962
 Tel. (Off.) - 0112591303
 Home Address - ajayamaha@yahoo.com
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Jayaratne
 Initials - N.W.
 SLMC Reg.No - 4611
 Membership No - J008
 Qualification - MBBS(Cey),MRCP(Irel)
 Type of Practice - Consultant Physician
 Place of Practice - Nawaloka Hospital, Colombo 2
 Tel. (Off.) - 011 2544444
 Home Address - 43/96, Poorwarama Mw, Colombo 5.
 Tel.(Res.) - 011 2854966
 Mobile No. - 0712 749611
 Email Address - gampahanj@yahoo.co.uk
 Fax No - 011 2854966

Surname - Dr. Jayaratnam
 Initials - S.E.
 SLMC Reg.No - 2645
 Membership No - J010
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - 6, Hemachandra Road, Talawakelle.
 Tel. (Off.) - 0522258254
 Home Address - 4, Hemachandra Road, Talawakelle.
 Tel.(Res.) - 0522258254
 Mobile No. - 0714611242
 Email Address - docj@wow.lk
 Fax No -

Surname - Dr. Jayasekera
 Initials - D.S.
 SLMC Reg.No - 19248
 Membership No - J048
 Qualification - MBBS(SL)
 Type of Practice - Emergency Dept.(Casulty Medical Officer)
 Place of Practice - Lanka Hospitals, Colombo 5.
 Tel. (Off.) - 4531089
 Home Address - 103/9H,Dutugemunu Street ,Colombo-06.
 Tel.(Res.) - 0112815222
 Mobile No. - 0777777986
 Email Address - drdilum@hotmail.com
 Fax No -

Surname - Dr(Mrs). Jayasekera
 Initials - L.
 SLMC Reg.No - 3828
 Membership No - J011
 Qualification - MBBS, DCH(Lond),D.A(Lond),MRCP
 Type of Practice - Locums only
 Place of Practice -
 Tel. (Off.) -
 Home Address - 14, Hotel Road, Mt.Lavinia.
 Tel.(Res.) - 2713522
 Mobile No. - 0718334710
 Email Address -
 Fax No -

Surname - Dr. Jayasena
 Initials - H.
 SLMC Reg.No - 4457
 Membership No - J013
 Qualification - MBBS, DCH
 Type of Practice - Approved Medical Examiner for Seafarer, SL, UK, Canada
 Place of Practice - 2863106
 Tel. (Off.) - 623/16, Rajagiri Udyanaya, Nawala Rd, Rajagiriya.
 Home Address - 2863106
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Jayasinghe
Initials - H.B.
SLMC Reg.No - 5529
Membership No - J017
Qualification - MBBS, MCGP
Type of Practice - General Practice
Place of Practice - 59, Peradeniya Road, Kandy
Tel. (Off.) -
Home Address - 72/32, Sri Pushpadana Mw, Kandy.
Tel.(Res.) -
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Jayasinghe
Initials - P.
SLMC Reg.No - 9093
Membership No - J014
Qualification - MBBS(SL)DFM,MCGP
Type of Practice - General Practice
Place of Practice - Suwasisila Western Medical Service, Mawattagame
Tel. (Off.) - 037 2299084
Home Address - 18, 3rd lane, South Circular Rd, Kurunegala
Tel.(Res.) - 037 2231594
Mobile No. -
Email Address - pjayasiha@gmail.com
Fax No - 037 2231594

Surname - Dr. Jayasinghe
Initials - N.
SLMC Reg.No - 9126
Membership No - J047
Qualification - MBBS,DFM,MCGP,Dip in Psychology
Type of Practice - General Practice
Place of Practice - Kamburupitiya
Tel. (Off.) - 041 5678171
Home Address - 53A, Sri Rathanapala Mawatha, Matara.
Tel.(Res.) - 041 2231133
Mobile No. -
Email Address -
Fax No -

Surname - Dr(Mrs). Jayasinghe
 Initials - D.Y.
 SLMC Reg.No - 4039
 Membership No - J015
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - Battaramulla
 Tel. (Off.) - 0112864507
 Home Address - No.57, Main Road, Jayanthipura, Battaramulla.
 Tel.(Res.) - 0112876009
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Jayasinghe
 Initials - S.de S.
 SLMC Reg.No - 2392
 Membership No - J021
 Qualification - MBBS(Cey)DCH(Lond) FCGP(Sri Lanka)
 Type of Practice - General Practice & Paediatrics(Retired)
 Place of Practice - 192, Negombo Road, Wattala
 Tel. (Off.) - 0112930356
 Home Address - 190, Negombo Rd, Wattala
 Tel.(Res.) - 0112930356
 Mobile No. - 0712221322
 Email Address - sathisjay@yahoo.com
 Fax No - 0112930356

Surname - Dr. Jayasinghe
 Initials - K.D.W.
 SLMC Reg.No - 2457
 Membership No - J016
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - 119. Subadrarama Rd, Nugegoda.
 Tel. (Off.) - 2852306
 Home Address - 6/5 De Silva Rd, Nugegoda
 Tel.(Res.) - 2806996
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Jayasinghe
 Initials - L.S.
 SLMC Reg.No - 3950
 Membership No - J018
 Qualification - MBBS(Cey)DCH
 Type of Practice - Medical Practice, Paediatrics
 Place of Practice - 34, Quarry Road, Kadawata
 Tel. (Off.) - 2925022
 Home Address - No.54, Jayasinghe Mw, Pahala Karagahamune, Kw.
 Tel.(Res.) - 2926025
 Mobile No. - 0777778741
 Email Address - lal.jayasinghe@hotmail.com
 Fax No - 2926025

Surname - Dr. Jayasooriya
 Initials - N.V.N.
 SLMC Reg.No - 7530
 Membership No - J022
 Qualification - MBBS(SL)FRCS(Edin)FRCS
 Type of Practice -
 Place of Practice -
 Tel. (Off.) -
 Home Address - 50, Wijerama Lane, Gangodawila, Nugegoda
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Jayasundera
 Initials - S.S.
 SLMC Reg.No - 6095
 Membership No - J024
 Qualification - MBBS,DFM,FCGP
 Type of Practice - General Practice
 Place of Practice - 266/5, Kotte Rd, Welikada, Rajagiriya
 Tel. (Off.) - 0113117405
 Home Address - 60/14, Demelwatta Road, Koswatta, Nawala
 Tel.(Res.) - 011 2872459
 Mobile No. - 0777 959182
 Email Address - susilsj@sltnet.lk
 Fax No -

Surname - Dr. Jayasuriya
 Initials - P.L.B. (Lucian)
 SLMC Reg.No - 3209
 Membership No - J025
 Qualification - MBBS(Cey.)DTPH(Lond.)FCV(SM),FCGP.Hon
 Type of Practice - Consultant
 Place of Practice - Glaxo SmithKline
 Tel. (Off.) -
 Home Address - 26/2B, Park Lane, Rajagiriya
 Tel.(Res.) - 0112 865898
 Mobile No. - 0773 954540
 Email Address - lucian.b.jayasuriya@gsk.com
 Fax No -

Surname - Dr. Jayasuriya
 Initials - S.L.G.
 SLMC Reg.No - 3095
 Membership No - J027
 Qualification - MBBS(Cey)FCGP(SL)
 Type of Practice - Solo
 Place of Practice - Holy Family Clinic, Church Rd, Kandana
 Tel. (Off.) - 2239949
 Home Address - Mill House, Church Road, Kandana
 Tel.(Res.) - 2236275
 Mobile No. - 0777312967
 Email Address - sydney_jayasuriya@yahoo.com
 Fax No - 2239949

Surname - Dr(Mrs).Jayasuriya
 Initials - C.
 SLMC Reg.No - 3598
 Membership No - J026
 Qualification - MBBS(Cey),DLO(Lond)
 Type of Practice - Private ENT Clinic
 Place of Practice - 11, Dillenia Road, Borella, Co.8
 Tel. (Off.) - 2695358
 Home Address - No.9, Dillenia Rd, Borella.
 Tel.(Res.) - 2695358
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Jayatilaka
 Initials - K.D.P.
 SLMC Reg.No - 3471
 Membership No - J029
 Qualification - MBBS(Cey),DPH(UK)
 Type of Practice - Consultant Malariologist
 Place of Practice -
 Tel. (Off.) -
 Home Address - 27, Wickramaratne Avenue, Kohuwala, Nugegoda.
 Tel.(Res.) - 011 2821939
 Mobile No. - 0776 302964
 Email Address - kdp.jayatilaka@gmail.com
 Fax No -

Surname - Dr. Jayatilaka
 Initials - L.A.
 SLMC Reg.No - 7465
 Membership No - J030
 Qualification - MBBS(Cey)
 Type of Practice - Family Practice
 Place of Practice - Dispensary & Surgery 79/1, New Rd, Ambalangoda
 Tel. (Off.) - 0912258170
 Home Address - 67/1, Minuwangoda Road, Panadura.
 Tel.(Res.) - 0382233364/2233653
 Mobile No. -
 Email Address - ajneel@mail.ewisl.net
 Fax No -

Surname - Dr. Jayatilaka
 Initials - S.S.
 SLMC Reg.No - 7256
 Membership No - J028
 Qualification - MBBS(SL)
 Type of Practice - General Practice
 Place of Practice - Nugegoda
 Tel. (Off.) -
 Home Address - 3/7, Church Street, Nugegoda.
 Tel.(Res.) - 011 2853333
 Mobile No. - 0775 804046
 Email Address - esesjay53@gmail.com
 Fax No -

Surname - Dr. Jayatilleke
Initials - S.
SLMC Reg.No - 6747
Membership No - J031
Qualification - MBBS,DFM
Type of Practice - Primary Care
Place of Practice - Koswatta, Nawala
Tel. (Off.) - 011 2866461
Home Address - 16, Demelwatta Road, Koswatta, Nawala
Tel.(Res.) - 011 2866461
Mobile No. - 0773 018222
Email Address - sjayathilaka@hotmail.com
Fax No -

Surname - Dr. Jayatissa
Initials - Jayantha
SLMC Reg.No - 6478
Membership No - J053
Qualification - MBBS(Cey),DFM, DCH,MSc(Com.Med),MD(Com.Med)
Type of Practice - Family Practice
Place of Practice - 12. St.Joseph Road, Colombo 14.
Tel. (Off.) - 0773053310
Home Address - 24/1, Wijerama Mawatha, Colombo 7.
Tel.(Res.) - 0112698931
Mobile No. - 0773053310
Email Address - jayantha.jayatissa@gmail.com
Fax No -

Surname - Dr. Jayatunge
Initials - N.M.
SLMC Reg.No - 5074
Membership No - J032
Qualification - MBBS(Cey)
Type of Practice - General Practice
Place of Practice - 91, S de S. Jayasinghe Mw, Kohuwala, Nugegoda
Tel. (Off.) - 011 2814119
Home Address - 90/2, S de S. Jayasinghe Mw, Kohuwala, Nugegoda
Tel.(Res.) - 011 2853376
Mobile No. -
Email Address -
Fax No -

Surname - Dr.(Mrs) Jayawardene
 Initials - K.P.
 SLMC Reg.No - 5203
 Membership No - J035
 Qualification - MBBS(Cey).DFM(SL)
 Type of Practice - Private Practice
 Place of Practice - Dompe
 Tel. (Off.) - 7202585
 Home Address - Iddamaldeniya, Dompe.
 Tel.(Res.) - 2536533
 Mobile No. - 0777801911
 Email Address -
 Fax No -

Surname - Dr.(Mrs.) Jayawardena.
 Initials - S.C.T.
 SLMC Reg.No - 5713
 Membership No - J050
 Qualification - MBBS(Cey)
 Type of Practice - Retired
 Place of Practice -
 Tel. (Off.) -
 Home Address - 49, Zone 1, Paradise, Millenium City, Athurugiriya
 Tel.(Res.) - 0112770214
 Mobile No. - 07773079630
 Email Address - srineil1@gmail.com
 Fax No -

Surname - Dr.Jayawardene
 Initials - K.A.T.W.P.
 SLMC Reg.No - 2571
 Membership No - J033
 Qualification - MBBS(Cey)FRCA(Eng)FACC(USA)FCCP(Hon)
 Type of Practice - Anaesthesiologist (Retired)
 Place of Practice -
 Tel. (Off.) -
 Home Address - 14, Albert Place, Dehiwala
 Tel.(Res.) - 0112717163
 Mobile No. - 0714733376
 Email Address - atwpjay@yahoo.lk
 Fax No -

Surname - Dr. Jayaweera
 Initials - J.P.M.
 SLMC Reg.No - 18577
 Membership No - J049
 Qualification - MBBS
 Type of Practice - Emergency Medical Officer
 Place of Practice - Lanka Hospital, Colombo.
 Tel. (Off.) - 0777677655,0114531088
 Home Address - 288C, Batagama South, Kandana
 Tel.(Res.) - 0112239339
 Mobile No. - 0777677655
 Email Address - drmanjula@sltnet.lk
 Fax No -

Surname - Dr. Jayaweera
 Initials - L.P.V.E.
 SLMC Reg.No - 3031
 Membership No - J038
 Qualification - MBBS(Cey),DFM(SL),FCGP(SL)
 Type of Practice - General Practice
 Place of Practice - Kadawatha Hospital (Pvt) Ltd.
 Tel. (Off.) - 011 2925223, 011 2925430
 Home Address - 155-A, Kynsey Rd, Colombo 8
 Tel.(Res.) - 011 2698173
 Mobile No. - 0777279654
 Email Address - lpvej@yahoo.com
 Fax No - 011 2698173

Surname - Dr.Jayawickrema
 Initials - N.S.
 SLMC Reg.No - 4345
 Membership No - J040
 Qualification - MBBS(Cey) FRCOG(Eng)
 Type of Practice -
 Place of Practice -
 Tel. (Off.) -
 Home Address - 18/203, Dabare Mawatha, Narahenpita.
 Tel.(Res.) - 2506863
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr.Jayawickrema
Initials - S.J.
SLMC Reg.No - 84 (Act 15)
Membership No - J041
Qualification - MBBS
Type of Practice - Sports Medicine
Place of Practice - Ministry of Sports, Colombo 7.
Tel. (Off.) -
Home Address - 55, Rodney Street, Colombo 8
Tel.(Res.) -
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Fax No -

Surname - Dr. Jayawickrema
Initials - R.V.S.
SLMC Reg.No - 11649
Membership No - J039
Qualification - MBBS
Type of Practice -
Place of Practice -
Tel. (Off.) -
Home Address - 37/33A, Bullers lane, Colombo 7.
Tel.(Res.) -
Mobile No. -
Email Address -
Fax No -

Surname - Dr(Mrs).Johnpulle
Initials - R.A.N.
SLMC Reg.No - 13950
Membership No - J046
Qualification - MD(Russia)
Type of Practice -
Place of Practice - Apollo Hospitals, Colombo.
Tel. (Off.) -
Home Address -
Tel.(Res.) -
Mobile No. - 0777579819
Email Address -
Fax No -

Surname - Dr. Joseph
 Initials - D.C.
 SLMC Reg.No - 6464
 Membership No - J044
 Qualification - MBBS(Cey)
 Type of Practice - Medical Officer
 Place of Practice - Institute Medical National Transport, Nugegoda
 Tel. (Off.) - 0112852095
 Home Address - 39A, MJC Fenando Rd, Idana, Moratuwa
 Tel.(Res.) - 0112836715
 Mobile No. - 0713423972
 Email Address -
 Fax No -

Surname - Dr. Kaluarachchi
 Initials - R.
 SLMC Reg.No - 8601
 Membership No - K030
 Qualification - MBBS(Col)
 Type of Practice -
 Place of Practice - Polonnaruwa Clinic, Polonnaruwa
 Tel. (Off.) - 0272404
 Home Address - No.6 Circular Road, Polonnaruwa
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Kaluarachchi
 Initials - W.N.
 SLMC Reg.No - 20495
 Membership No - K033
 Qualification - MBChB(UK),DRCOG(UK),DFFP(UK)
 Type of Practice - General Practitioner
 Place of Practice - Western Family Practice
 Tel. (Off.) - 0113443256
 Home Address - 10, Park Terrace, Colombo 5.
 Tel.(Res.) - 0112586823
 Mobile No. - 0773082820
 Email Address - nilanik@hotmail.com
 Fax No -

Surname - Dr. Kaluarachchi
 Initials - B.
 SLMC Reg.No - 3907
 Membership No - K002
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice -
 Tel. (Off.) - 0114403778/2888646
 Home Address - 15/24, 3rd Lane, Koswatte Road, Nawala.
 Tel.(Res.) - 0114403778
 Mobile No. - 0777576099
 Email Address - buddykalu@sltnet.lk
 Fax No -

Surname - Dr. Kaluaraachchi
 Initials - D.D.N.
 SLMC Reg.No - 7111
 Membership No - K004
 Qualification - MBBS(Cey),DFM,MCGP
 Type of Practice - Full Time General Practice
 Place of Practice - Matugama
 Tel. (Off.) - 034 2247113
 Home Address - 266, Agalawatta Road, Wettewa, Matugama
 Tel.(Res.) - 034 2247035
 Mobile No. - 0779105427
 Email Address - Lionkalu@hotmail.com
 Fax No -

Surname - Dr(Mrs) Kapuge
 Initials - S.H.B.R.
 SLMC Reg.No - 6016
 Membership No - K005
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - Ninewells Care, Mother & Baby Pvt Hospital
 Tel. (Off.) - 011 2368612
 Home Address - 5C, Sambuddhiwatte, Mattegoda
 Tel.(Res.) - 011 2845670
 Mobile No. - 0777 710951
 Email Address -
 Fax No -

Surname - Dr. Karunamuni
 Initials - M.D.I.
 SLMC Reg.No - 21931
 Membership No - K037
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - Mihikathawattha, Kithulawa, Kalutara
 Tel. (Off.) - 0719953365
 Home Address - 'Sandakalum', Kithuawa, Kalutara
 Tel.(Res.) - 0342235223
 Mobile No. - 0766593686
 Email Address - muni273@yahoo.com
 Fax No -

Surname - Dr. Karunaratne
 Initials - B.
 SLMC Reg.No - 7788
 Membership No - K007
 Qualification - MBBS,DFM,DTCD,FCGP
 Type of Practice - Family Practice
 Place of Practice - 240A, Kaduwela Rd, Koswatta, Talangama
 Tel. (Off.) - 011 2867114
 Home Address - 4, 1st Kottawa Lane, Embuldeniya, Nugegoda
 Tel.(Res.) - 011 2833879
 Mobile No. - 0777 754988
 Email Address - karu46@gmail.com
 Fax No -

Surname - Dr. Karunarathne
 Initials - Bandula
 SLMC Reg.No - 6621
 Membership No - K008
 Qualification - MBBS, MCGP
 Type of Practice - General Practice
 Place of Practice - Kadugannawa
 Tel. (Off.) - 081 2571233, 2571249
 Home Address - Rajawatha, Madarangoda, Kadugannawa
 Tel.(Res.) - 081 2571413
 Mobile No. - 0777 722716
 Email Address - bandulakarunaratne49111@gmail.com
 Fax No -

Surname - Dr. Kasturiratne
 Initials - T.T.
 SLMC Reg.No - 3741
 Membership No - K010
 Qualification - MBBS, MRCP(UK)
 Type of Practice - Consultant Dermatologist
 Place of Practice - 169, Maharagma Clinic, High level Rd,
 Tel. (Off.) - Maharagma
 Home Address - 2550802
 Tel.(Res.) - 8, Albert Perera Avenue, Nawala Road, Nugegoda.
 Mobile No. - 2554246
 Email Address -
 Fax No -

Surname - Dr. Kathirgamanathan
 Initials - M.
 SLMC Reg.No - 6786
 Membership No - K036
 Qualification - MBBS(Cey)DFM(SL)MCGP
 Type of Practice - General Practitioner(Solo)
 Place of Practice - Kathirgamanathan Health Care Pvt Ltd,Mannar
 Tel. (Off.) - 0232222005
 Home Address - Grand Bazzar, Mannar
 Tel.(Res.) - 0232222005
 Mobile No. - 0773201728
 Email Address -
 Fax No -

Surname - Dr. Kekulawala
 Initials - K.R.M.G.
 SLMC Reg.No - 6594
 Membership No - K011
 Qualification - MBBS(Cey),DFM(Col),MCGP(SL)
 Type of Practice - Family Physician
 Place of Practice - Path Lab, Mirigama
 Tel. (Off.) - 033 2274407
 Home Address - 77, Thawalampitiya, Mirigama
 Tel.(Res.) - 033 2275393
 Mobile No. - 0716 298081
 Email Address - kekulawalamahinda@yahoo.com
 Fax No -

Surname - Dr. Kellapatha
Initials - Savithri M.
SLMC Reg.No - 6906
Membership No - K038
Qualification - MBBS(Cey),DCH(Sri Lanka)
Type of Practice - Vaccinologist
Place of Practice - 127/3, Alakeshwara Road, Etul Kotte
Tel. (Off.) - 0718205749
Home Address -
Tel.(Res.) -
Mobile No. - 0718205749
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Fax No -

Surname - Dr. Ketheeswaranathan
Initials - G.
SLMC Reg.No - 10407
Membership No - K012
Qualification - MBBS(Cey)DFM(SL)MCGP
Type of Practice - General Practitioner
Place of Practice - No.83B, Hampden Lane, Wellawatte.
Tel. (Off.) - 4519679
Home Address - 13/8, Daya Rd, Off Hampden Lane, Wellawatte, Co. 6
Tel.(Res.) - 0777653695
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Fax No -

Surname - Dr. Ketheswarampillai
Initials - S.
SLMC Reg.No - 6100
Membership No - K013
Qualification - MBBS(Cey)
Type of Practice - 96, Mawanella Road, Wellawaya
Place of Practice - 0552274886
Tel. (Off.) -
Home Address -
Tel.(Res.) -
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Kirubalasunderem
 Initials - S.
 SLMC Reg.No - 5727
 Membership No - K014
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - Sulaimans Hospital, Colombo 14
 Tel. (Off.) - 2422184-6
 Home Address - 28, School Lane, Colombo 3
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Kodituwakku
 Initials - P.S.
 SLMC Reg.No - 3454
 Membership No - K015
 Qualification - MBBS, MCGP, DPMRCP(Lond)
 Type of Practice - Consultant Psychiatrist
 Place of Practice - Nawaloka Hospital
 Tel. (Off.) - 2304444- 56
 Home Address - 78/1, Dehiwala Road, Pepiliyana, Borelesgamuwa
 Tel.(Res.) - 0113198786
 Mobile No. -
 Email Address - drprincekodituwakku@yahoo.com
 Fax No -

Surname - Dr. Kohombange
 Initials - S.A.
 SLMC Reg.No - 14029
 Membership No - K016
 Qualification - MBBS(SL)
 Type of Practice - General Practice
 Place of Practice - Dispensary & Surgery, 425, Dematagoda Rd, Co.9
 Tel. (Off.) - 0777683311
 Home Address - 197/7, Siri Dhamma Mw, Colombo 10
 Tel.(Res.) - 2687958
 Mobile No. - 0777683311
 Email Address - suren@interblocks.com
 Fax No -

Surname - Dr. Kollure
 Initials - K.A.H.D.
 SLMC Reg.No - 12515
 Membership No - K017
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - 279, Negombo Road, Wattala.
 Tel. (Off.) - 293-712
 Home Address - 135/A, Warapalana, Uduthutiripitiya
 Tel.(Res.) - 2402118
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Koneshwaran
 Initials - T
 SLMC Reg.No - 19469
 Membership No - K035
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - ST Medi Clinic, Mannar Rd, Vavunia
 Tel. (Off.) - 0242225238
 Home Address - 12A, Mannar Rd, Kuruman Kadu, Vavuniya
 Tel.(Res.) - 0772295656
 Mobile No. - 0772295656
 Email Address - ptkonesha@gmail.com
 Fax No -

Surname - Dr. Kottachchi
 Initials - N.A.
 SLMC Reg.No - 5570
 Membership No - K018
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - 46, Leitans Lane, Negombo
 Tel. (Off.) - 031223542
 Home Address - 10, Rukmani Devi Road, Negombo
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr.(Mrs) Kularathna
 Initials - J.H.M.
 SLMC Reg.No - 8473
 Membership No - K031
 Qualification - MBBS, DFM(SL)
 Type of Practice - General Practice
 Place of Practice - 624,Kottawa Medical Clinic, Kottawa
 Tel. (Off.) - 011 2850536
 Home Address - 531, Old Road, Kottawa
 Tel.(Res.) - 011 2850536
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr.(Mrs) Kulasekera
 Initials - M.H.C.
 SLMC Reg.No - 5149
 Membership No - K019
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - Panel doctor for Australia, New Zealand
 Tel. (Off.) - 2696412
 Home Address - 529/25R, Bodiya Rd, Talangama North, Talahena, Malabe
 Tel.(Res.) - 2771100, 2772477
 Mobile No. - 0714863155
 Email Address -
 Fax No - 2772477

Surname - Dr. Kulasekera
 Initials - Y.
 SLMC Reg.No - 5321
 Membership No - K028
 Qualification - MBBS(Col) FRCS(Ed)
 Type of Practice - Consultant Paediatric Surgeon
 Place of Practice - Nawaloka, The Central Hospital
 Tel. (Off.) -
 Home Address - 380, Nawala Rd, Rajagiriya
 Tel.(Res.) - 0112871520
 Mobile No. - 0714467928
 Email Address -
 Fax No -

Surname - Dr. Kulatunga
 Initials - I.
 SLMC Reg.No - 2587
 Membership No - K020
 Qualification - MBBS(Cey),DCH(Cey),DPM(Lond)
 Type of Practice - General Practice
 Place of Practice - Colombo 5
 Tel. (Off.) - 011 2852953
 Home Address - 43/100, Poorvarama Road, Colombo 5
 Tel.(Res.) - 011 2852953
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Kumara
 Initials - I.P.S.
 SLMC Reg.No - 8825
 Membership No - K032
 Qualification - MBBS(Col)
 Type of Practice - Family Practice
 Place of Practice - Chilaw Road, Wennappuwa
 Tel. (Off.) - 031 2245879
 Home Address - 195, Dostarawatta Rd, Koswadiya, Mahawewa
 Tel.(Res.) - 0322254755
 Mobile No. - 0778 012443
 Email Address -
 Fax No -

Surname - Dr. Kumarage
 Initials - P.
 SLMC Reg.No - 6340
 Membership No - K034
 Qualification - MBBS(Cey) DFM(S.L)
 Type of Practice - Family Practice
 Place of Practice - No.8, Thalgahawatte Road, Boralesgamuwa.
 Tel. (Off.) - 25095678
 Home Address - 35C, Embillawatte Road, Boralesgamuwa.
 Tel.(Res.) - 0777165338
 Mobile No. - 0777165338
 Email Address -
 Fax No -

Surname - Dr. Kumarage
 Initials - D.S.
 SLMC Reg.No - 10736
 Membership No - K022
 Qualification - MBBS
 Type of Practice -
 Place of Practice - 22/1, New Galle Road, Moratuwa
 Tel. (Off.) -
 Home Address - 31/7, Moratuwella, Moratuwa
 Tel.(Res.) - 2648791
 Mobile No. -
 Email Address - dayalkumarage@aol.com
 Fax No -

Surname - Dr. Kumarasinghe
 Initials - U.
 SLMC Reg.No - 6610
 Membership No - K023
 Qualification - MBBS(Cey),FRCP(Edin),DCH(Lond)
 Type of Practice - Visiting Consultant Paediatrician
 Place of Practice - Leading Private Hospital in Colombo
 Tel. (Off.) -
 Home Address - 225/9, D.P. Wijesinghe Mw, Pelawatta, Battaramulla
 Tel.(Res.) - 011 4403591
 Mobile No. - 0712 300879
 Email Address - umkumarasinghe@hotmail.com
 Fax No -

Surname - Dr. Kuruppu
 Initials - K.A.N.G.
 SLMC Reg.No - 5621
 Membership No - K024
 Qualification - MBBS(Cey)
 Type of Practice - General Practitioner
 Place of Practice - Medical Centre, Kandy Rd, Nittambuwa
 Tel. (Off.) - 0332287448
 Home Address - 2/1, Galpotta Road, Nawala.
 Tel.(Res.) - 2861133/2872912
 Mobile No. - 077872075
 Email Address -
 Fax No -

Surname - Dr. Kuruppu
 Initials - R.V.N.
 SLMC Reg.No - 4271
 Membership No - K025
 Qualification - MBBS(Cey),DTPH(Lond),MCGP(SL)
 Type of Practice - General Practice
 Place of Practice - Medical Clinic, Demanhandiya
 Tel. (Off.) - 031 2240228
 Home Address - Mirigama Road, Demanhandiya
 Tel.(Res.) - 031 2240228
 Mobile No. - 0755072330
 Email Address -
 Fax No -

Surname - Dr.(Mrs) Kuruppuarachchi
 Initials - P.L.
 SLMC Reg.No - 7137
 Membership No - K029
 Qualification - MBBS,DCH,MCGP
 Type of Practice - General Practice
 Place of Practice - Pannipitiya Nursing Home
 Tel. (Off.) - 011 2840065
 Home Address - 334/4, Hokandara Rd, Pannipitiya
 Tel.(Res.) - 011 4334713
 Mobile No. - 0718 377410
 Email Address -
 Fax No - 0114308671

Surname - Dr. Kusumpala
 Initials - H.T.
 SLMC Reg.No - 5296
 Membership No - K026
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - Galewela
 Tel. (Off.) - 0662289292
 Home Address - 7/35, Wariyapolawatte, Kandy Road, Matale
 Tel.(Res.) - 0662234423
 Mobile No. - 0777622044
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 Fax No -

Surname - Dr. Laduwahetty
 Initials - A.
 SLMC Reg.No - 9794
 Membership No - L001
 Qualification - MBBS
 Type of Practice - Family Practice
 Place of Practice - Asiri Hospital
 Tel. (Off.) - 2500608
 Home Address - 9/3, Sri Siddhartha Passage, Kirullaapona Av,Co.5
 Tel.(Res.) - 2821392
 Mobile No. -
 Email Address -
 Fax No -

Surname - Professor .Lamabadusuriya MBE
 Initials - Sanath P
 SLMC Reg.No - 4071
 Membership No - L006
 Qualification - MBBS, PhD(Lond)DSc,FRCP(Lond)FRCP(Edin)FRCP(Glen)
 Type of Practice - Visiting Professor of Paediatrics
 Place of Practice - University of Rajarata
 Tel. (Off.) -
 Home Address - 30/8, Gothami Lane, Off Gothami Rd, Colombo 8.
 Tel.(Res.) - 0112671662
 Mobile No. - 0777886119
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 Fax No -

Surname - Dr. Lawrence
 Initials - B.G.
 SLMC Reg.No - 33946
 Membership No - L007
 Qualification - MD(Belarus)
 Type of Practice - General Practitioner
 Place of Practice - A 2/44, Soysapura Flats, Moratuwa
 Tel. (Off.) - 0766412841
 Home Address - A 2/44, Soysapura Flats, Moratuwa
 Tel.(Res.) -
 Mobile No. - 0766412841
 Email Address - bgrlawrence@gmail.com
 Fax No -

Surname - Dr. Lionel
 Initials - R.D.M.
 SLMC Reg.No - 7723
 Membership No - L003
 Qualification - MBBS
 Type of Practice - General Practitioner
 Place of Practice - Suwasevana, 29, Sri Sudarshana Mw, Matugama
 Tel. (Off.) - 0342248067
 Home Address - 86/4, Ruwan Place, Katuwawala, Boralesgamuwa
 Tel.(Res.) - 0112518248
 Mobile No. - 0775225322
 Email Address - drldissanayake@yahoo.com
 Fax No -

Surname - Dr. Liyanage
 Initials - S.
 SLMC Reg.No - 21451
 Membership No - L004
 Qualification - MBBS
 Type of Practice - General Practitioner
 Place of Practice - 80, Abeyrathne Avenue, Boralesgamuwa
 Tel. (Off.) -
 Home Address - 66/2, Dewala Road, Nugegoda.
 Tel.(Res.) -
 Mobile No. - 0773625837
 Email Address - senaka99@hotmail.com
 Fax No -

Surname - Dr. Liyanage
 Initials - P.M.
 SLMC Reg.No - 3924
 Membership No - L002
 Qualification - MBBS(Cey),MRCOG,FCOG,FRCOG(Grt. Brit)
 Type of Practice - Obstetrics & Gynaecology
 Place of Practice - Nawaloka Pvt. Hospital,
 Tel. (Off.) - 011 2544449
 Home Address - 22/8, Subadra Mw, Madiwela, Kotte
 Tel.(Res.) - 011 2779488
 Mobile No. - 0718322850
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 Fax No - 011 2779488

Surname - Dr. Liyanage
Initials - L.D.L.P.
SLMC Reg.No - 11579
Membership No - L005
Qualification - MBBS, MCGP
Type of Practice - General Practitioner
Place of Practice - 88, Pahala-Kadirana, Thimbirigaskatuwa, Negombo
Tel. (Off.) - 0312224800
Home Address - 88, Pahala-Kadirana, Thimbirigaskatuwa, Negombo
Tel.(Res.) - 0312224800
Mobile No. - 0777009800
Email Address - lileeth@yahoo.com
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Surname - Dr. Madawela
Initials - D.M.B.
SLMC Reg.No - 7631
Membership No - M001
Qualification - MBBS
Type of Practice - General Practice
Place of Practice - No.146/G/17,Negombo Road, Wattala
Tel. (Off.) - 2812009
Home Address - 32/10, Jayasinghe Rd, Kirulapona, Colombo 6.
Tel.(Res.) - 2812009
Mobile No. - 0773517799
Email Address -
Fax No -

Surname - Dr. Mahadevan
Initials - J.
SLMC Reg.No - 6683
Membership No - M027
Qualification - MBBS
Type of Practice - General Practice
Place of Practice - Durdans Hospital, No.3, Alfred Place, Colombo 03.
Tel. (Off.) - 0773564859
Home Address - 5 2/3, Milagiriya Avenue, Colombo 4
Tel.(Res.) -
Mobile No. - 0773564859
Email Address - drjmaha75@gmail.com
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Surname - Dr.(Mrs) Markus
 Initials - Manel
 SLMC Reg.No - 3228
 Membership No - M020
 Qualification - MBBS(Cey),FRCP(Edin),FAFRM(Aus)FCCP(SL)MRCP
 Type of Practice - Consultant Physician, Rheumatologist
 Place of Practice -
 Tel. (Off.) -
 Home Address - Crescat Residency, Apt.12/5B, 75, Galle Rd, Colombo 3.
 Tel.(Res.) - 011 2730533
 Mobile No. - 0718 334424
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 Fax No -

Surname - Dr. Mathew
 Initials - D.K.D.
 SLMC Reg.No - 5569
 Membership No - M003
 Qualification - MBBS(Cey),MCGP(SL)
 Type of Practice - General Practice
 Place of Practice - Blue Cross Medical Centre(Pvt) Ltd. Rajagiriya
 Tel. (Off.) - 2876888/2876889
 Home Address - 45, Fairfield Garden, Colombo 8.
 Tel.(Res.) - 2696386
 Mobile No. - 0777536851
 Email Address - bluecros@innopoly.org
 Fax No - 2665523

Surname - Dr.(Mrs) Mathew
 Initials - P.V.
 SLMC Reg.No - 5568
 Membership No - M004
 Qualification - MBBS(Cey),MCGP(SL)
 Type of Practice - General Practice
 Place of Practice - Blue Cross Medical Centre(Pvt) Ltd. Rajagiriya
 Tel. (Off.) - 2876888/2876889
 Home Address - 45, Fairfield Garden, Colombo 8.
 Tel.(Res.) - 2696386
 Mobile No. - 0712723964
 Email Address - bluecros@innopoly.org
 Fax No - 2665523

Surname - Dr. Mediwake
 Initials - P.B.
 SLMC Reg.No - 5792
 Membership No - M023
 Qualification - MBBS(Sri Lanka), DFM
 Type of Practice - General Practice
 Place of Practice - Maharagama.
 Tel. (Off.) - 0724129328
 Home Address - 167/5, Piliyandala Road. Maharagama
 Tel.(Res.) - 0112850531
 Mobile No. - 0724129328
 Email Address -
 Fax No -

Surname - Dr. Mendis
 Initials - K.
 SLMC Reg.No - 7574
 Membership No - M006
 Qualification - MBBS,DFM
 Type of Practice - Community & Family Medicine
 Place of Practice - Faculty of Medicine, Ragama
 Tel. (Off.) - 2958219, 2958039
 Home Address - 42, Tudella, Jaella.
 Tel.(Res.) - 2232280
 Mobile No. - 0776794423
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 Fax No -

Surname - Dr. Mendis
 Initials - B.P.L.
 SLMC Reg.No - 6983
 Membership No - M005
 Qualification - MBBS,DFM,FCGP
 Type of Practice - General Practice
 Place of Practice - 10, Puranappu Raja Mw, Moratuwa
 Tel. (Off.) - 011 2645119
 Home Address - 24, Uyana Road, Uyana , Moratuwa
 Tel.(Res.) - 011 2647635
 Mobile No. - 0722 951935
 Email Address - bplmendis@gmail.com
 Fax No -

Surname - Dr. Mendis
 Initials - N.P.T.
 SLMC Reg.No - 7569
 Membership No - M007
 Qualification - MBBS(Cey)
 Type of Practice -
 Place of Practice - The Dispensary & Surgery, Panadura
 Tel. (Off.) -
 Home Address - 29, Uyankelle Road, Panadura.
 Tel.(Res.) - 0342232782
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Mendis
 Initials - U.
 SLMC Reg.No - 3371
 Membership No - M022
 Qualification - MBBS,DO, FRCS
 Type of Practice - Consultation, Ophthalmology
 Place of Practice - Golden Key Eye Hospital, Rajagiriya.
 Tel. (Off.) - 0112880288
 Home Address - 163, Fife Road, Colombo 5
 Tel.(Res.) - 0112582699
 Mobile No. - 0779803082
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 Fax No -

Surname - Dr. Mihilar
 Initials - M.S.R.
 SLMC Reg.No - 19589
 Membership No - M019
 Qualification - MD(Russia)
 Type of Practice - General Practice
 Place of Practice - Central Clinic, Warakapola
 Tel. (Off.) - 035 2267609
 Home Address - 123, Aguruwella Rd, Warakapola
 Tel.(Res.) - 035 2267282, 011 4957240
 Mobile No. - 0777888310
 Email Address - rizamihilar@gmail.com
 Fax No -

Surname - Dr. Mohamed
Initials - F.R.
SLMC Reg.No - 26414
Membership No - M026
Qualification - MBBS,DGO
Type of Practice - General Practice
Place of Practice - 31/1, St.Anthony's Mawatha, Colombo 7.
Tel. (Off.) - 0778558685
Home Address -
Tel.(Res.) - 31/1, St.Anthony's Mawatha, Colombo 7.
Mobile No. -
Email Address - 0778558685
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Surname - Dr. Moonemalle
Initials - J.C.E
SLMC Reg.No - 4133
Membership No - M008
Qualification - MBBS(Cey)
Type of Practice -
Place of Practice - 76/35, Lake Road, Kurunegala.
Tel. (Off.) -
Home Address -
Tel.(Res.) -
Mobile No. -
Email Address -
Fax No -

Surname - Dr.(Mrs) Moonemalle
Initials - S.
SLMC Reg.No - 4326
Membership No - M009
Qualification - MBBS
Type of Practice - General Practice
Place of Practice - Suwasahana, No.300,Colombo Rd, Kurunegala
Tel. (Off.) - 03722753
Home Address - 76/35, Lake Road, Kurunegala.
Tel.(Res.) -
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Motha
 Initials - P.V.
 SLMC Reg.No - 4229
 Membership No - M010
 Qualification - MBBS(Cey), DFM(Col)
 Type of Practice - General Practice
 Place of Practice - 247, Ward Place, Colombo 7
 Tel. (Off.) - 011 2692886
 Home Address - 113/28, Dr. N.M.Perera Mw, Colombo 8
 Tel.(Res.) - 011 2697883
 Mobile No. - 0777987750
 Email Address - percy.motha@yahoo.com
 Fax No -

Surname - Dr. Mudannayake
 Initials - P.B.
 SLMC Reg.No - 3102
 Membership No - M011
 Qualification - MBBS(Cey)D.A.R.C0 &R.CS(Eng)
 Type of Practice - General Practice
 Place of Practice - Matale
 Tel. (Off.) -
 Home Address - 35, Paradis, 5th Lane, Millenium City, Zone -1, Aturugiriya
 Tel.(Res.) - 0112772458
 Mobile No. - 0718308059
 Email Address - rani_mudan@yahoo.com
 Fax No -

Surname - Dr. Munasinghe
 Initials - B.N.R.
 SLMC Reg.No - 4254
 Membership No - M013
 Qualification - MBBS(Cey),FCGP(SL)
 Type of Practice - Consultation
 Place of Practice - Kuppiyawatta
 Tel. (Off.) - 011 2699857
 Home Address - 197/5, Siridhamma Mawatha, Colombo 10
 Tel.(Res.) - 011 2699857
 Mobile No. - 0777 396564
 Email Address -
 Fax No - 011 299857

Surname - Dr(Mrs) Munasinghe
Initials - N.I.
SLMC Reg.No - 18861
Membership No - M018
Qualification - MD(Latvia)
Type of Practice - General Practice
Place of Practice - 77, Rajamalwatta Rd, Battaramulla
Tel. (Off.) - 011 2873163
Home Address - 1200/3, Rajamalwatta Rd, Battaramulla
Tel.(Res.) - 011 2873163
Mobile No. -
Email Address -
Fax No - 0112873163

Surname - Dr. Munasinghe
Initials - T.
SLMC Reg.No - 2567
Membership No - M015
Qualification - MBBS (Cey) DPH (Lond) MD (Col) FCCP (Col) FCMA(Col)
Type of Practice - Community Medicine
Place of Practice - 17, Rajawatte Terrace, Colombo 5.
Tel. (Off.) - 0112852411
Home Address - 17, Rajawatte Terrace, Colombo 5
Tel.(Res.) - 2852411
Mobile No. - 0718150817
Email Address - tilaski@yahoo.com
Fax No -

Surname - Dr. Munasinghe
Initials - B.T.A.
SLMC Reg.No - 19355
Membership No - M017
Qualification - MD(Latvia),MCGP(SL)HNDC(SLF),FCGP(SL)FUKAP(UK)
Type of Practice - Family Practice
Place of Practice - Family Medical Center, NFTH, Malabe.
Tel. (Off.) - 011 27707600
Home Address - 1200/3A, Rajamalwatta Rd, Battaramulla
Tel.(Res.) - 011 2873163
Mobile No. - 0777895854
Email Address - t.asela@Hotmail.com
Fax No - 011 2873163

Surname - Dr(Mrs) Munavir
 Initials - F.R.
 SLMC Reg.No - 20757
 Membership No - M025
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - Oasis Hospital, Muhandiram Dabare Mw, Col.05
 Tel. (Off.) -
 Home Address - 197/6, Colombo Rd, Werahera, Boralesgamuwa.
 Tel.(Res.) - 0112517374
 Mobile No. - 0777296818
 Email Address - rizminamohideen@gmail.com
 Fax No -

Surname - Dr. Muruganandan
 Initials - M.K.
 SLMC Reg.No - 6249
 Membership No - M016
 Qualification - MBBS(Cey)DFM(SL)FCGP(SL)
 Type of Practice - General Practice
 Place of Practice - Muruthaddy, Main Street, Point Pedro.
 Tel. (Off.) - 0768502696
 Home Address - 51/1-2/2, Peters Lane, North Pole Appart, Dehiwala
 Tel.(Res.) - 0112715880
 Mobile No. - 077563893
 Email Address - kathirmuruga@hotmail.com
 Fax No -

Surname - Dr. Musafer
 Initials - O.M.W.
 SLMC Reg.No - 5597
 Membership No - M021
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - 198, Nagoda Road, Kalutara.
 Tel. (Off.) - 0342222726
 Home Address -
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Nalliah
Initials - W.R.
SLMC Reg.No - 3070
Membership No - N012
Qualification - MBBS, MRCOG
Type of Practice - VOG
Place of Practice -
Tel. (Off.) -
Home Address - Apartment 1/1, No.37, Land Mark Residence, Col. 6.
Tel.(Res.) - 0112361174
Mobile No. - 0774345246
Email Address -
Fax No -

Surname - Dr. Namaratne
Initials - D.P.L.C.
SLMC Reg.No - 10765
Membership No - NO10
Qualification - MBBS
Type of Practice - Diabetic foot care Rehabilitation
Place of Practice - Nawala
Tel. (Off.) - 0113188000
Home Address - 11/1, Wimala Vihara Rd, Nawala
Tel.(Res.) - 011 2806437
Mobile No. - 0777355663
Email Address - dr.cnamaratne@yahoo.com
Fax No -

Surname - Dr. Nanayakkara
Initials - Karu
SLMC Reg.No - 7257
Membership No - N014
Qualification - MBBS, MS, FRCS
Type of Practice - General Practitioner
Place of Practice - Neville Fernando Teaching Hospital, Malabe
Tel. (Off.) - 0112545173
Home Address - 19, 1st Lane, Campus Rd, Rattanapitiya, Borelesgamuwa
Tel.(Res.) - 0112545173
Mobile No. - 0777902065
Email Address - karu.nana@yahoo.com
Fax No -

Surname - Dr. Nanayakkara
 Initials - W.V.S.R.
 SLMC Reg.No - 6450
 Membership No - N002
 Qualification - MBBS(Cey)DFM(Col), FCGP
 Type of Practice - General Practice
 Place of Practice - 541/5/3, Madiwela Rd, Thalawatugoda
 Tel. (Off.) - 0114 884368
 Home Address - 541/7, Madiwala Road, Thalawatugoda.
 Tel.(Res.) - 0114 884368
 Mobile No. - 0773 023278
 Email Address - sampath949@hotmail.com.
 Fax No -

Surname - Dr(Mrs) Navaratne
 Initials - S.
 SLMC Reg.No - 3028
 Membership No - N003
 Qualification - MBBS(Cey) DFM(Col)
 Type of Practice -
 Place of Practice - 171, Model Farm Road, Borella, Co. 8
 Tel. (Off.) - 2696065
 Home Address -
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Nawinna
 Initials - J
 SLMC Reg.No - 5121
 Membership No - N006
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - Kurunegala
 Tel. (Off.) - 30, South Circular Road, Kurunegala
 Home Address -
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Nawras
Initials - M.U.L.M.
SLMC Reg.No - 18840
Membership No - N013
Qualification - MBBS, MRCGP(INT),Fellowship in Diabetes
Type of Practice - General Practitioner
Place of Practice - Ministry of Defence , Oman
Tel. (Off.) - 0096893397045
Home Address - 71/3, Uyanwatte, Dewanagala, Mawanella
Tel.(Res.) - 0352240285
Mobile No. - 0773169872
Email Address - mohamednawras@yahoo.com
Fax No -

Surname - Dr.(Mrs) Nelson
Initials - S.C.J.
SLMC Reg.No - 11509
Membership No - N007
Qualification - MBBS(SL)Pg dip in Reproductive health(Col)
Type of Practice - Fertility Care
Place of Practice - Nugegoda
Tel. (Off.) - 4897897
Home Address - 94, Layards Road, Colombo 5.
Tel.(Res.) - 2584554
Mobile No. - 0777347733
Email Address - infor@apekshafertility.com
Fax No - 4209820

Surname - Dr.(Mrs) Nihalsinghe
Initials - K.
SLMC Reg.No - 3521
Membership No - N009
Qualification - MBBS(Cey),FRCA(Eng),DA(Lond)
Type of Practice - General Practitioner
Place of Practice - Nursing Homes - Oasis
Tel. (Off.) -
Home Address - 30/22 Malalasekera Mw, Colombo 7
Tel.(Res.) - 011 2587100
Mobile No. - 0776 975507
Email Address - knihalsinghe@yahoo.com
Fax No - 011 2588043

Surname - Dr. Nizam
Initials - H.R.
SLMC Reg.No - 18899
Membership No - N011
Qualification - MBBS
Type of Practice - Hospital Administrator
Place of Practice - Hemas Hospitals
Tel. (Off.) - 0714939547
Home Address - 66, Humes Road, Galle
Tel.(Res.) - 091 2225144
Mobile No. - 077 2613630
Email Address - rujhannizam@yahoo.com
Fax No - 091 2232675

Surname - Dr(Mrs) Ozeer
Initials - Z.N.S.
SLMC Reg.No - 8101
Membership No - O001
Qualification - MBBS
Type of Practice -
Place of Practice - 152A, Joseph Lane, Colombo 4.
Tel. (Off.) -
Home Address - 5,D.S.Fonseka Rd,Off Kassapa Rd, Thimbirigasyaya
Tel.(Res.) - 2501968
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Padmatilaka
Initials - K.I.
SLMC Reg.No - 8788
Membership No - P051
Qualification - MBBS(Sri Lanka), DLM(Colombo)
Type of Practice - General Practice
Place of Practice - Weligama Medical Centre, 441E, Matara Rd, Weligama.
Tel. (Off.) - 0412250484
Home Address - 45, New Lane, Uyanwatta, Matara.
Tel.(Res.) - 0412224554
Mobile No. - 0773137716, 0714476627
Email Address - kipadmatilaka@gmail.com
Fax No -

Surname - Dr(Mrs) Pallewela
Initials - C.C.
SLMC Reg.No - 2547
Membership No - P001
Qualification - MBBS(Cey))DLO(Lon)
Type of Practice - Retired ENT Surgeon
Place of Practice -
Tel. (Off.) -
Home Address - 190. Havelock Rd, Colombo 5.
Tel.(Res.) - 2581080
Mobile No. - 0712734390
Email Address -
Fax No -

Surname - Dr. Paravavithana
Initials - R.S.
SLMC Reg.No - 11378
Membership No - P002
Qualification - MD(Sofia)
Type of Practice -
Place of Practice - Delmon Hospital, Colombo 6
Tel. (Off.) - 2586893
Home Address - 191/1, Colombo Road, Negombo.
Tel.(Res.) - 0312233690
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Paravavithana
Initials - Shanthi
SLMC Reg.No - 5215
Membership No - P005
Qualification -
Type of Practice - General Practice
Place of Practice - City Building, Stanley Thillakaratne Mw, Nugegoda
Tel. (Off.) -
Home Address -
Tel.(Res.) -
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Paranavithana
 Initials - Sarath R.
 SLMC Reg.No - 7150
 Membership No - P003
 Qualification - MBBS,MD(Col),DCM(Col),DFM(Col)
 Type of Practice - General Practitioner
 Place of Practice - 132, S. de S. Jayasinghe Mw, Nugegoda.
 Tel. (Off.) - 0112821112
 Home Address - 177/4, Nawala Road, Nugegoda.
 Tel.(Res.) - 2854679
 Mobile No. - 0772759955
 Email Address - sarath.paranavitane@gmail.com
 Fax No - 0112828600

Surname - Dr. Pathinayake
 Initials - C.D.
 SLMC Reg.No - 23727
 Membership No - P046
 Qualification - MBBS(Cey)
 Type of Practice - Family Practice
 Place of Practice - Wellness medi clinic,20 Rawatawatta Rd, Moratuwa.
 Tel. (Off.) - 0112655566
 Home Address - 14/1/A Rawarawatta Road, Rawattawatta,Moratuwao..
 Tel.(Res.) - 011265 6160
 Mobile No. - 07777708091
 Email Address - deshantha@gmail.com
 Fax No -

Surname - Dr. Pathirajamudali
 Initials - H.L.
 SLMC Reg.No - 8384
 Membership No - P006
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - 3131/1, Madampitiya Road, Colombo 14.
 Tel. (Off.) - 4617302
 Home Address - 69,Paramananda Vihara Mw, Kotahena, Co. 13.
 Tel.(Res.) -
 Mobile No. - 0712716186
 Email Address -
 Fax No -

Surname - Dr. Pathirana
 Initials - G.W.W.
 SLMC Reg.No - 6875
 Membership No - P045
 Qualification - MBBS(Cey),DFM
 Type of Practice - General Practitioner
 Place of Practice - I.D.H
 Tel. (Off.) - 2410208
 Home Address - No.3, Doctors Quarters, IDH, Angoda
 Tel.(Res.) - 0714757932, 0716116951
 Mobile No. - wickremapathie@gmail.com
 Email Address -
 Fax No -

Surname - Dr(Mrs). Pathiratne
 Initials - P.A.S.R.
 SLMC Reg.No - 28245
 Membership No - P050
 Qualification - MBBS(Cey)
 Type of Practice - Family Practice
 Place of Practice - Neville Fernando Teaching Hospital
 Tel. (Off.) - 0773097828
 Home Address - 14/6, Park Rd, 1st Lane, Rathmalana.
 Tel.(Res.) - 0773097828
 Mobile No. - asankap33@yahoo.com.au
 Email Address -
 Fax No -

Surname - Dr. Peiris
 Initials - J.B.
 SLMC Reg.No - 3350
 Membership No - P009
 Qualification - MD,FRCP,FRCPE,FRCP&S,FCCP, FCGP(Hon)
 Type of Practice - Neurologist
 Place of Practice - Nawaloka, Central, Durdans
 Tel. (Off.) - 0115577111
 Home Address - 58/7, Ward Place, Colombo 7.
 Tel.(Res.) - 0112694577
 Mobile No. - 0777320375
 Email Address - jbpeiris@hotmail.com
 Fax No -

Surname - Dr. Peries
 Initials - T.S.P.
 SLMC Reg.No - 8065
 Membership No - P012
 Qualification - MBBS
 Type of Practice - General Practitioner
 Place of Practice - 8, Nugegoda Rd, Pepiliyana, Borelesgamuwa.
 Tel. (Off.) - 2823835
 Home Address -
 Tel.(Res.) -
 Mobile No. -
 Email Address - 071221484
 Fax No -

Surname - Dr. Peries
 Initials - E.E.
 SLMC Reg.No - 4677
 Membership No - P008
 Qualification - MBBS,DCH,DFM,MCGP
 Type of Practice - Private Practice
 Place of Practice - Grand Bazaar, Peries Clinic, Main Street, Mannar
 Tel. (Off.) - 0232232271
 Home Address - 54, Main Street, Mannar
 Tel.(Res.) - 0232232216
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Perera
 Initials - A.W.V..S.
 SLMC Reg.No - 5673
 Membership No - P039
 Qualification - MBBS(Cey) DCH(Cey) MD(SL)MRCP(UK)
 Type of Practice -
 Place of Practice -
 Tel. (Off.) -
 Home Address - 85, Airport Road, Minuwangoda
 Tel.(Res.) -
 Mobile No. - 0777300192
 Email Address -
 Fax No -

Surname - Dr. Perera
Initials - Chrisantha
SLMC Reg.No - 3620
Membership No - P043
Qualification - MBBS,MCGP
Type of Practice - General Practitioner
Place of Practice - Private Dispensary, 69, Negombo Road, Dankotuwa
Tel. (Off.) - 0312258124
Home Address -
Tel.(Res.) -
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Perera
Initials - A.R.
SLMC Reg.No - 7417
Membership No - P013
Qualification - MBBS, DA, FFARCS
Type of Practice - Anaesthetist
Place of Practice - Asiri Hospital
Tel. (Off.) -
Home Address - 10A, 3/2, 5th Lane, Sri Jayawardenapura Mw, Rajagiriya
Tel.(Res.) - 2587359
Mobile No. -
Email Address -
Fax No -

Surname - Dr(Mrs) Perera
Initials - K.T.S.
SLMC Reg.No - 14382
Membership No - P024
Qualification - MD(Russia)
Type of Practice - Family Practice
Place of Practice - National Transport Medical Institute.
Tel. (Off.) - 2852868
Home Address - 997/47, Kotte Road, Rajagiriya.
Tel.(Res.) - 2863464
Mobile No. -
Email Address -
Fax No -

Surname - Dr(Mrs) Perera
 Initials - M.S.A.
 SLMC Reg.No - 5579
 Membership No - P025
 Qualification - MBBS,DFM,MD
 Type of Practice - Family Physician
 Place of Practice - University Family Practice Centre
 Tel. (Off.) - 5516914
 Home Address - 428/5, Sunethra Devi Road, Pepiliyane, Nugegoda
 Tel.(Res.) - 2854921
 Mobile No. - 0712224921
 Email Address - antoine@sjp.ac.lk
 Fax No -

Surname - Dr. Perera
 Initials - K.H.B.
 SLMC Reg.No - 4459
 Membership No - P021
 Qualification - MBBS(Cey)
 Type of Practice -
 Place of Practice -
 Tel. (Off.) -
 Home Address -
 Tel.(Res.) - 7/4, Karlshue Garden, Colombo 10.
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Perera
 Initials - P.S.
 SLMC Reg.No - 2182
 Membership No - P026
 Qualification - MBBS(Cey) FRCOG, FCOG(SL)
 Type of Practice - nil
 Place of Practice - nil
 Tel. (Off.) - nil
 Home Address - 288C1, Sri Jayawardenapura Mw, Royal Gardens.
 Tel.(Res.) - 2883162
 Mobile No. - 0718246507
 Email Address - somasirip@gmail.com
 Fax No -

Surname - Dr. Perera
 Initials - R.A.R.
 SLMC Reg.No - 6883
 Membership No - P027
 Qualification - MBBS,M.Sc,MCGP
 Type of Practice - Family Physician
 Place of Practice - Ragama
 Tel. (Off.) - 011 2958062
 Home Address - 36, Pelawatte Road, Nugegoda
 Tel.(Res.) - 011 2852295
 Mobile No. - 0716530966
 Email Address - rar_perera@hotmail.com
 Fax No - 011 2958062

Surname - Dr. Perera
 Initials - A.C.E.St.L.
 SLMC Reg.No - 3620
 Membership No - P015
 Qualification - MBBS(Cey)MCGP(SL)DPM(Eng)
 Type of Practice - General Practice
 Place of Practice - Private Dispensary, 69, Negombo Rd, Dankotuwa
 Tel. (Off.) - 0312258124
 Home Address - 69, Negombo Road, Dankotuwa
 Tel.(Res.) - 0312258124
 Mobile No. - 0775133556
 Email Address -
 Fax No -

Surname - Dr. Perera
 Initials - A.A.M.B.A.
 SLMC Reg.No - 7142
 Membership No - P014
 Qualification - MD, DFM, FCGP, MBBS
 Type of Practice - Primary Care
 Place of Practice - Negombo.
 Tel. (Off.) - 0764641031
 Home Address - Continental Residencies, 41/41, Block 115, Negombo
 Tel.(Res.) - 0764641031
 Mobile No. - 0764641031
 Email Address - bedeananda@gmail.com
 Fax No -

Surname - Dr. Perera
 Initials - G.R.M.D.
 SLMC Reg.No - 4672
 Membership No - PO41
 Qualification - MBBS,MS, FRCOG, FSLCOG
 Type of Practice - Channel Practice
 Place of Practice - 289, Colombo Road, Negombo.
 Tel. (Off.) - 0312227484
 Home Address - 289, Colombo Road, Negombo.
 Tel.(Res.) - 0312227484
 Mobile No. - 0772386914
 Email Address - rohan2617@gmail.com
 Fax No -

Surname - Dr. Perera
 Initials - K.K.W.
 SLMC Reg.No - 5755
 Membership No - P022
 Qualification - MBBS(Cey)
 Type of Practice - General Practitioner
 Place of Practice - Medical Clinic, 670A, Thorana Junction, Kelaniya
 Tel. (Off.) - 011 2910438
 Home Address - 61, Norris Canal Rd, Colombo 10
 Tel.(Res.) - 011 2685940
 Mobile No. - 0779623460
 Email Address - badraperera@gmail.com
 Fax No -

Surname - Dr. Perera
 Initials - K.L.L.
 SLMC Reg.No - 5313
 Membership No - P023
 Qualification - MBBS,DFM
 Type of Practice - Private
 Place of Practice - Wadduwa
 Tel. (Off.) - 0382234130
 Home Address - 19/4, Station Road, Wadduwa.
 Tel.(Res.) - 0382232108
 Mobile No. - 0712212538
 Email Address -
 Fax No -

Surname - Prof. Perera
 Initials - W.S.E.
 SLMC Reg.No - 2040
 Membership No - P029
 Qualification - MJF,MBBS,FRCS(Ed.),FRCS(Eng.),FRCOG,FSLCOG,FAOFOG
 Type of Practice - VOG
 Place of Practice -
 Tel. (Off.) -
 Home Address - 11, Bambalapitiya Terrace, Colombo 4.
 Tel.(Res.) - 0112582828
 Mobile No. -
 Email Address - wilfred.perera@yahoo.com
 Fax No -

Surname - Dr. Perera
 Initials - T.D.V.
 SLMC Reg.No - 6617
 Membership No - P0
 Qualification - MBBS(Cey),MSc(Col)
 Type of Practice - General Practitioner
 Place of Practice - Nawaloka Medical Centre, Panadura,
 Tel. (Off.) - 038 2236640
 Home Address - No.116/1,Perera Mawatha, Panadura
 Tel.(Res.) - 038 2236640
 Mobile No. - 0724413843
 Email Address - vijithaperera.com@gmail.com
 Fax No -

Surname - Dr. Perera
 Initials - P.L.K.A.
 SLMC Reg.No - 21507
 Membership No - P052
 Qualification - MBBS(Cey)
 Type of Practice - General Practitioner
 Place of Practice - 43/4, Ranasiri Mw, Mkumbura Rd, Kottawa.
 Tel. (Off.) - 0714021625
 Home Address - 43/4, Ranasiri Mw, Mkumbura Rd, Kottawa.
 Tel.(Res.) - 0714021625
 Mobile No. - 0714021625
 Email Address - kamalperera07@gmail.com
 Fax No -

Surname - Dr. Pilendran
Initials - A.
SLMC Reg.No - 5895
Membership No - P030
Qualification - MBBS, DFM
Type of Practice - General Practice
Place of Practice - 71, Chilaw Road, Katuneriya
Tel. (Off.) - 0312255818
Home Address - No.5, Wijeratne Avenue, Mt.Lavinia.
Tel.(Res.) - 0112716237
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Pinnawala
Initials - M.
SLMC Reg.No - 20635
Membership No - P040
Qualification - MBBS(Col)
Type of Practice - General Practice
Place of Practice - Health Centre, 115, Rathnapura Rd, Avissawella
Tel. (Off.) - 0363791270
Home Address - 35/3, Manamendra Mw, Ratnapura Rd, Avissawella.
Tel.(Res.) -
Mobile No. - 0717 614761
Email Address - mpinnawala@gmail.com
Fax No -

Surname - Dr. Pinto
Initials - M.P.
SLMC Reg.No - 5166
Membership No - P031
Qualification - MBBS(Cey)
Type of Practice - General Practice
Place of Practice - 388, Madampe Road, Kuliapitiya
Tel. (Off.) -
Home Address - Bowatta Rd, Kadurugashena, Kuliapitiya
Tel.(Res.) - 037 2281777
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Piyadigama
 Initials - S.N.
 SLMC Reg.No - 14126
 Membership No - P048
 Qualification - MBBS, MCGP
 Type of Practice - General Practice
 Place of Practice - 84A, Temple Road, Negombo.
 Tel. (Off.) - 0772222800
 Home Address - 84, Temple Road, Negombo
 Tel.(Res.) - 0312228882
 Mobile No. - 077222800
 Email Address - snpiyadigama@gmail.com
 Fax No -

Surname - Dr. Piyarathna
 Initials - A.U.
 SLMC Reg.No - 13144
 Membership No - P049
 Qualification - MBBS, DFM, Diploma Psychiatry, MCGP
 Type of Practice - General Practitioner
 Place of Practice - 147/A, Ellakkala
 Tel. (Off.) - 07148725051
 Home Address - 123/B, Ellakkala
 Tel.(Res.) -
 Mobile No. - 07148725051
 Email Address - upiyaratneyahoo.com
 Fax No -

Surname - Dr. Piyasena
 Initials - K.P.
 SLMC Reg.No - 5390
 Membership No - P032
 Qualification - MBBS, DFM, FCGP
 Type of Practice - General Practice
 Place of Practice - 11, Gothami Road, Colombo 8.
 Tel. (Off.) - 0112 699820
 Home Address - 11, Gothami Road, Colombo 8.
 Tel.(Res.) - 0112 699820
 Mobile No. - 0716 833344
 Email Address - piya.pathirana45@gmail.com
 Fax No -

Surname - Dr. Punchihewa
 Initials - B.G.
 SLMC Reg.No - 4699
 Membership No - P035
 Qualification - MBBS(Cey)
 Type of Practice - General Practitioner , Retired
 Place of Practice -
 Tel. (Off.) -
 Home Address - 5, 2nd Lane, Off Park Road, Ratmalana
 Tel.(Res.) - 011 2725481
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Punchihewa
 Initials - N.
 SLMC Reg.No - 6042
 Membership No - P036
 Qualification - MBBS(Cey)DFM(Col), MCGP
 Type of Practice - General Practice
 Place of Practice - Central Dispensary & Surgery, Piliyandala
 Tel. (Off.) - 0112618892
 Home Address - 175/15, Moratuwa Road, Piliyandala.
 Tel.(Res.) - 0112614370
 Mobile No. - 0773536186
 Email Address - drnpunchihewa@gmail.com
 Fax No -

Surname - Dr. Pushpakumara
 Initials - P.D.N.
 SLMC Reg.No - 11617
 Membership No - P037
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - 522/C, Maithreepala Senanayake Mw, Anuradhapura.
 Tel. (Off.) - 0252220900/0254580783
 Home Address - 519/18, Jayanthi Mw, Anuradhapura.
 Tel.(Res.) - 025224008
 Mobile No. - 0714777791/2777791
 Email Address -
 Fax No -

Surname - Dr. Rabel
Initials - C.R.
SLMC Reg.No - 9642
Membership No - R001
Qualification - MBBS,FRCS,MCGP
Type of Practice - General Practice
Place of Practice - Nawaloka Hospital
Tel. (Off.) - 011 2335825
Home Address - 17, Major Mw, Goonethilaka Mw, Dehiwala.
Tel.(Res.) - 011 4922192
Mobile No. - 0714 254934
Email Address - crrabel@gmail.com
Fax No -

Surname - Dr. Rabel
Initials - S.V.
SLMC Reg.No - 9296
Membership No - R002
Qualification - MBBS, DFM, MCGP
Type of Practice - Family Practice
Place of Practice - Maharagama
Tel. (Off.) - 0112657280
Home Address - 134/2, Highlevel Road, Maharagama
Tel.(Res.) - 0112839549
Mobile No. - 077720100
Email Address - rabelsv@gmail.com
Fax No -

Surname - Dr(Ms). Radhakrishnan
Initials - M.P.
SLMC Reg.No - 13035
Membership No - RO24
Qualification - MBBS,MRCOphth(UK),MD(Ophthalmology)
Type of Practice - Private Practice
Place of Practice - Central Hospital, Colombo 10.
Tel. (Off.) - 0114666000
Home Address - No.11, Aloe Avenue, Colpetty, Colombo 3.
Tel.(Res.) - 0112575046
Mobile No. - 0777315145
Email Address - drmeenar@yahoo.co.uk
Fax No -

Surname - Dr. Rajakulendra
 Initials - F.A.
 SLMC Reg.No - 4362
 Membership No - R004
 Qualification - MBBS(Cey) DFM(SL) MCGP
 Type of Practice - Family Practice
 Place of Practice - Ratnam Private Hospital
 Tel. (Off.) - 0112327789
 Home Address - 77, Davidson Road, Colombo 4.
 Tel.(Res.) - 0112583701/0112582432
 Mobile No. - 0718265707
 Email Address - rajfadr@yahoo.com
 Fax No -

Surname - Dr(Mrs) Rajapakse
 Initials - M.P.
 SLMC Reg.No - 5790
 Membership No - R006
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - Gampaha
 Tel. (Off.) - 0332222260
 Home Address - 120F, Temple Road. Nawala.
 Tel.(Res.) - 0112805493
 Mobile No. - 07755020953
 Email Address - terencerajap@yahoo.com
 Fax No -

Surname - Dr. Rajapakse
 Initials - U.
 SLMC Reg.No - 4971
 Membership No - R009
 Qualification - MBBS(Ceylon), MCGP(SL)
 Type of Practice - General Practice
 Place of Practice - 91/2, Kuliyapitiya Road, Narammala.
 Tel. (Off.) - 0372249230
 Home Address - 270, Negombo Road, Narammala
 Tel.(Res.) - 0372249229
 Mobile No. - 0773785305
 Email Address - uraja5@yahoo.com
 Fax No -

Surname - Dr. Rajapakse
 Initials - R.C.
 SLMC Reg.No - 3313
 Membership No - R007
 Qualification - MBBS(Cey),DPH(NZ), FCMA
 Type of Practice - Medical Administration (Retired)
 Place of Practice -
 Tel. (Off.) -
 Home Address - 30/11, 2nd Lane, Koswatta Rd, Nawala
 Tel.(Res.) - 011 2867972
 Mobile No. - 0777 771204
 Email Address - chandrarajapakse@gmail.com
 Fax No -

Surname - Dr. Rajaratnam
 Initials - T.
 SLMC Reg.No - 15081
 Membership No - RO23
 Qualification - MBBS, DFM,FRCGP(UK)
 Type of Practice - General Practice
 Place of Practice - 21A/ 2/1, Vandervert place, Dehiwala
 Tel. (Off.) - 2729664
 Home Address -
 Tel.(Res.) -
 Mobile No. - 0713017201
 Email Address -
 Fax No -

Surname - Dr. Rajendran
 Initials - T.
 SLMC Reg.No - 3149
 Membership No - R010
 Qualification - MBBS(Cey),MCGP(SL)
 Type of Practice - General Medical Practice
 Place of Practice - 4C, Fussels Lane,Wellawatte
 Tel. (Off.) -
 Home Address - 10-7/3, Milan Square, 37th Lane, Wellawatte, Co. 6
 Tel.(Res.) - 011 2362231
 Mobile No. - 0779 944770
 Email Address -
 Fax No -

Surname - Dr. Ranasinghe
 Initials - E.D.
 SLMC Reg.No - 8343
 Membership No - R012
 Qualification - MBBS, MCGP
 Type of Practice - General Practice
 Place of Practice - 11A, St. Lazarus Road, Negombo
 Tel. (Off.) - 0312222769
 Home Address - 45, Koswadiya, Mahawewa.
 Tel.(Res.) - 0322254211
 Mobile No. - 0777035945
 Email Address -
 Fax No -

Surname - Dr. Ranasinghe
 Initials - S
 SLMC Reg.No - 5334
 Membership No - R025
 Qualification - MBBS(Cey), DA(Lond)FFARCA(Eng),FCASL
 Type of Practice - Consultant Anaesthetist
 Place of Practice - Colombo
 Tel. (Off.) - 0112500669 / 0112502907
 Home Address - 18/170, Centre Road, Dabare Mw, Colombo 05.
 Tel.(Res.) - 0112500669/2502907
 Mobile No. - 0777414802
 Email Address - swiniran@gmail.com
 Fax No - 0112686803

Surname - Dr. Randunne
 Initials - A.S.
 SLMC Reg.No - 14252
 Membership No - R014
 Qualification - MBBS
 Type of Practice - General Practitioner
 Place of Practice - National Transport Institute
 Tel. (Off.) - 2852868
 Home Address - 62/8, Pieris Avenue, Kalubowila, Dehiwala
 Tel.(Res.) - 2823011
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Rasiah
 Initials - H.C.
 SLMC Reg.No - 3546
 Membership No - R022
 Qualification - MBBS, MCGP
 Type of Practice - General Practic
 Place of Practice - Kaluaggala, Hanwella.
 Tel. (Off.) - 0365676206
 Home Address - 4/119. Thalakotuwa Gardens, Colombo 5
 Tel.(Res.) - 0115849318
 Mobile No. - 0777245751
 Email Address - harenderasiah@gmail.com
 Fax No -

Surname - Dr. Ratnum
 Initials - G.V.
 SLMC Reg.No - 6192
 Membership No - R019
 Qualification - MBBS(Mys)
 Type of Practice - General Practice
 Place of Practice - The Ratnum Private Hospital, Colombo 2.
 Tel. (Off.) - 0112327788,0112324674
 Home Address - 20, Barnes Place, Colombo 7.
 Tel.(Res.) - 0112693565
 Mobile No. - 0779931429
 Email Address - ganesh81991@yahoo.com
 Fax No - 2448172

Surname - Dr. Ratnapala
 Initials - S.D.
 SLMC Reg.No - 18202
 Membership No - R014
 Qualification - MBBS,MRCS(Eng.)
 Type of Practice - Trauma & Orthopaedic Consultant
 Place of Practice - Lanka Hospital
 Tel. (Off.) - 011 4530000
 Home Address - 231, Kirula Road, Colombo 5
 Tel.(Res.) - 011 2589151
 Mobile No. - 0777 569950
 Email Address - devaka26@hotmail.com
 Fax No - 011 2368054

Surname - Dr. Ratnapala
Initials - S.R.
SLMC Reg.No - 4429
Membership No - R015
Qualification - MBBS,FRCOG(Gt Brit),FSLCOG, FCGP(SL)
Type of Practice - Private Practice
Place of Practice - Residence, Ninewells Care Hospital
Tel. (Off.) - 011 2589151, 011 4520999
Home Address - 231, Kirula Road, Colombo 5
Tel.(Res.) - 011 2589151
Mobile No. - 0777 484691
Email Address - srratnapala@slt.net.lk
Fax No - 011 2368054

Surname - Dr. Ratnapriya
Initials - W.M.S.
SLMC Reg.No - 7283
Membership No - R016
Qualification - MBBS, MSc
Type of Practice - Family Physician
Place of Practice -
Tel. (Off.) -
Home Address - 2637557
Tel.(Res.) - No.3B, 3rd Lane, Ratmalana.
Mobile No. - 2622618
Email Address -
Fax No -

Surname - Dr(Mrs) Ratnayake
Initials - S.
SLMC Reg.No - 12860
Membership No - R018
Qualification - MBBS
Type of Practice -
Place of Practice - 53, Rosemead Place, Colombo 7.
Tel. (Off.) - 2675747
Home Address - 20/1, Kalalgoda Rd, Thalawathugoda, Pannipitiya.
Tel.(Res.) - 2867454
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Ratnayake
Initials - R.M.W.
SLMC Reg.No - 5904
Membership No - R021
Qualification - MBBS(In.),DCM(SL)
Type of Practice - General Practice
Place of Practice - Seth Sevana Hospital
Tel. (Off.) -
Home Address - 430/1, Hewapola, Pilessa
Tel.(Res.) - 037 222489
Mobile No. - 0775554655
Email Address - weerasingheratnayake@yahoo.com
Fax No -

Surname - Dr(Mrs) Ratnayake
Initials - A.
SLMC Reg.No - 11192
Membership No - R017
Qualification - MBBS
Type of Practice - General Practitioner
Place of Practice -
Tel. (Off.) -
Home Address - 3/26, Jayamangala Mw, Nugegoda.
Tel.(Res.) -
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Rodrigo
Initials - E.D.
SLMC Reg.No - 3358
Membership No - R026
Qualification - MBBS(Cey)FRCS(EDIN)FRCS(ENG)
Type of Practice - General Practice
Place of Practice -
Tel. (Off.) -
Home Address - 4/72, Talakotuwa Gardens, Colombo 5
Tel.(Res.) - 0112513863
Mobile No. - 0713266320
Email Address - dayarod7@sltnet.lk
Fax No -

Surname - Dr. Rodrigo
 Initials - W.W.D.T.N.
 SLMC Reg.No - 6553
 Membership No - R020
 Qualification - MBBS(Cey)
 Type of Practice - Family Practice
 Place of Practice - 206, Galle Road, Dehiwala
 Tel. (Off.) - 3088909
 Home Address - 154/2, School Lane, Attidiya Road, Dehiwala
 Tel.(Res.) - 011 2726785
 Mobile No. - 0777 301225
 Email Address - derick@sltnet.lk
 Fax No -

Surname - Dr. Ruberu
 Initials - D.K.
 SLMC Reg.No - 4110
 Membership No - R027
 Qualification - MBBS(Cey)DCH(Lond) MRCP(UK)FCCP(Hon)
 Type of Practice - Consultation
 Place of Practice - Colombo 5
 Tel. (Off.) - 0718293287
 Home Address - 12, 1st Lane, Kirullapona, Colombo 5.
 Tel.(Res.) - 011 2852854
 Mobile No. - 0718293287
 Email Address - dawalar@yahoo.com
 Fax No -

Surname - Dr(Mrs) Salgado
 Initials - I.D.
 SLMC Reg.No - 4346
 Membership No - S001
 Qualification - MBBS(Cey)
 Type of Practice - Private Practice
 Place of Practice -
 Tel. (Off.) -
 Home Address - 23, 2nd Lane, Ratmalana
 Tel.(Res.) - 01126255310
 Mobile No. - 07777787129
 Email Address - devayanisalgado@hotmail.com
 Fax No -

Surname - Dr. Salieh
Initials - M.S.
SLMC Reg.No - 34000
Membership No - S066
Qualification - MB Bch BAO(Ireland),MMed(Sing), MRCGP(INT)
Type of Practice - Private Practice
Place of Practice - Asiri Medical -Diabetes Centre, Mediclinic
Tel. (Off.) - 0767977007
Home Address - 18/1, Frances Road, Colombo 6.
Tel.(Res.) - 0767977007
Mobile No. - sabith.salieh@yahoo.com
Email Address -
Fax No -

Surname - Dr. Samarage
Initials - B.P.R.
SLMC Reg.No - 7515
Membership No - S002
Qualification - MBBS
Type of Practice - General Practice
Place of Practice - People's Clinic, 87, Hettiveediya, Weligama
Tel. (Off.) - 041 2250337
Home Address - No.87, Hettiveediya, Weligama.
Tel.(Res.) - 0412251576
Mobile No. - 0777 348913
Email Address - ranjith.samarage@gmail.com
Fax No -

Surname - Dr. Samarage
Initials - S.M.
SLMC Reg.No - 6767
Membership No - S061
Qualification - MBBS,MPH(USA)MSc,MD(Com.Med)FCCPSL,CS&J
Type of Practice - Senior Fellow, IHP
Place of Practice - Institue for Health Policy, 72, Park Street, Colombo 2.
Tel. (Off.) - 0112314041
Home Address - 716/5, D.P.Wijesinghe Mw, Pelawatte, Battaramulla.
Tel.(Res.) - 0112784914
Mobile No. - 0714439206
Email Address - sarath.samarage@gmail.com
Fax No - 0112314040

Surname - Dr(Mrs) Samarakoon
 Initials - I.Sujatha
 SLMC Reg.No - 6619
 Membership No - S063
 Qualification - MBBS, MSC, Dip GUM(Lond), MD
 Type of Practice - STD/HIV/AIDS
 Place of Practice - Nawaloka, Durdans , Central Hospital
 Tel. (Off.) - 0777340360
 Home Address - 167A, Sri Vipulasena Mawatha, Colombo 10.
 Tel.(Res.) - 0777340360
 Mobile No. - 0777340360
 Email Address - s.samarakoon@gmail.com
 Fax No -

Surname - Dr(Mrs) Samaranayake
 Initials - S.
 SLMC Reg.No - 5924
 Membership No - S003
 Qualification - MBBS(Cey), DFM
 Type of Practice - Family Practice
 Place of Practice - Family Medicine Clinic, Ragama
 Tel. (Off.) -
 Home Address - 7, St.Bridget's Lane, Welisara,Ragama.
 Tel.(Res.) -
 Mobile No. - 0718663211
 Email Address - samshanthini@gmail.com
 Fax No -

Surname - Dr. Samaranayake
 Initials - Seneth W.
 SLMC Reg.No - 7445
 Membership No - S004
 Qualification - MBBS,DCH,DFM, FCGP,MD
 Type of Practice - Family Practice
 Place of Practice - Katukurunda Clinic, Kalutara
 Tel. (Off.) - 034222212,0342236895
 Home Address - 12, Bawa Place, Borella, Colombo 8.
 Tel.(Res.) - 2691686
 Mobile No. - 0777399688
 Email Address - senethsamaranayake@gmail.com
 Fax No -

Surname - Dr. Samarasinghe
 Initials - J.L.M.
 SLMC Reg.No - 5784
 Membership No - S006
 Qualification - MBBS(Sri Lanka),FRCA(Eng)
 Type of Practice - General Practice
 Place of Practice - No. 4, Narahenpita Road, Nawala
 Tel. (Off.) - 0112807302
 Home Address - 110/2 Cotta Road, Borella, Colombo 8
 Tel.(Res.) - 0112692719
 Mobile No. - 0770060444
 Email Address - dr.merril@yahoo.com
 Fax No -

Surname - Dr. Samarasinghe
 Initials - H.H.R.
 SLMC Reg.No - 3344
 Membership No - S055
 Qualification - MBBS(Cey) MD(Cey) FRACP,FRCP,FCCP,DSc
 Type of Practice - General Physician
 Place of Practice - 203, Lake Garden Off Lake Drive, Rajagiriya.
 Tel. (Off.) - 2697091
 Home Address - 0777848208
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr(Mrs).Samarasinghe
 Initials - S.J.T.
 SLMC Reg.No - 6496
 Membership No - S007
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - Nawala
 Tel. (Off.) - 011 2805918
 Home Address - 321, Nawala Road, Nawala
 Tel.(Res.) - 011 2806467
 Mobile No. - 0779 311301
 Email Address - jayanthi_samarasinghe@yahoo.com
 Fax No -

Surname - Dr. Samarasinghe
 Initials - D.D.B.
 SLMC Reg.No - 15686
 Membership No - S065
 Qualification - MBBS(Sri Lanka), MCGP
 Type of Practice - General Practice
 Place of Practice - 'Seth', Air Port Road, Minuwangoda.
 Tel. (Off.) - 0112296384
 Home Address - 249, Boragodawatte, Minuwangoda
 Tel.(Res.) -
 Mobile No. - 071 8075055
 Email Address - ddbsamarasinghe@gmail.com
 Fax No -

Surname - Dr. Samaraweera
 Initials - R.
 SLMC Reg.No - 2528
 Membership No - S008
 Qualification - MBBS(Cey)DCH(Lond)DA(Lond)
 Type of Practice -
 Place of Practice - 122, Havelock Road, Colombo 5.
 Tel. (Off.) -
 Home Address - 122, Havelock Road, Colombo 5.
 Tel.(Res.) - 2505798
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Sathkurunathan
 Initials - S.
 SLMC Reg.No - 3309
 Membership No - S009
 Qualification - MBBS(Cey) DCH(Cey)
 Type of Practice - Medical Officer
 Place of Practice - Oasis Hospital Pvt. Ltd
 Tel. (Off.) - 4514770 Ext 400
 Home Address - DXB 1/1, Manning Town Housing, Colombo 8.
 Tel.(Res.) - 2677572
 Mobile No. - 0777397522
 Email Address -
 Fax No -

Surname - Dr. Sebastianpillai
Initials - A.M.
SLMC Reg.No - 8737
Membership No - S010
Qualification - MD,(Bologna,Italy)DFM(Colombo)MCGP(SL)
Type of Practice - Family Physician
Place of Practice - 166/12, Kirulapone Avenue, Colombo 06
Tel. (Off.) - 0112514104
Home Address - 44/4, Pamankada Rd, Solomon Avenue, Co.6.
Tel.(Res.) - 0112582190
Mobile No. - 0777845674
Email Address - sam.anton@ymail.com
Fax No - 0112514104

Surname - Dr. Seimon
Initials - J.W.M.J.B.
SLMC Reg.No - 3164
Membership No - S011
Qualification - MBBS(Cey), DMJ(London)
Type of Practice - General Practice
Place of Practice - UK
Tel. (Off.) -
Home Address - 16 - 2, Davidson Tower, Havelock City, Colombo 6
Tel.(Res.) - 0112 137177
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Selvaratnam
Initials - V.
SLMC Reg.No - 13336
Membership No - S057
Qualification - MBBS, DFM
Type of Practice - General Practice
Place of Practice - Lanka Hospital, Colombo 05
Tel. (Off.) - 5349803
Home Address - 53/4, 1/1, Wijayakumarathunga Mawatha, Colombo 5.
Tel.(Res.) - 0777741308
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Senanayake
Initials - N.
SLMC Reg.No - 5965
Membership No - S013
Qualification - MBBS(Cey)
Type of Practice - Private Practice
Place of Practice - Bandaragama
Tel. (Off.) - 038 2290994
Home Address - 85, Railway Avenue, Kirullapone, Colombo 5
Tel.(Res.) - 011 2820447
Mobile No. - 0712 555680
Email Address - senanyake@hotmail.com
Fax No -

Surname - Dr. Senanyake
Initials - P.
SLMC Reg.No - 8427
Membership No - S014
Qualification - MBBS(Cey)
Type of Practice - General Practice
Place of Practice - Suwasevana Dispensary, 18, Kandy Rd, Nuwara-Eliya
Tel. (Off.) - 0522223463
Home Address - 26/2, Glenfall Rd, Off Grand Hotel Rd, Nuwara-Eliya
Tel.(Res.) - 0522223160
Mobile No. -
Email Address - panisena@sltnet.lk
Fax No -

Surname - Dr. Senaratne
Initials - D.N.C.F.
SLMC Reg.No - 7013
Membership No - S016
Qualification - MBBS(Cey)
Type of Practice - Private Practice
Place of Practice - Dispensary & Surgery, Mangala Rd, Beruwala
Tel. (Off.) - 034 2276328
Home Address - 11A, Mangala Road, Beruwala
Tel.(Res.) - 034 2276328
Mobile No. - 0714 035660
Email Address - nimalsen@hotmail.com
Fax No -

Surname - Dr. Seneviratne
 Initials - P.L.S.
 SLMC Reg.No - 5815
 Membership No - S060
 Qualification - MBBS(Sri Lanka)
 Type of Practice - General Practice
 Place of Practice - 75, Main Street, Eheliyagoda
 Tel. (Off.) - 0362258111
 Home Address - 116, Dehiwala Road, Maharagama
 Tel.(Res.) - 0777318974
 Mobile No. - 0777318974
 Email Address - sunilseneviratne@dialogsl.net
 Fax No -

Surname - Dr(Mrs) Seneviratna
 Initials - I.N.
 SLMC Reg.No - 12893
 Membership No - S017
 Qualification - MBBS[SL], Dip in Psy [UK] D.WS [Col]
 Type of Practice - School Medical Officer
 Place of Practice - Overseas School of Colombo.
 Tel. (Off.) - 2784920-2 ext 215
 Home Address - 6/1, Bois Place, Isipathana Mw, Colombo 5
 Tel.(Res.) - 2501001
 Mobile No. - 0777714922
 Email Address - isenaratna@osc.lk
 Fax No -

Surname - Dr(Mrs) Seneviratne
 Initials - Iranganie
 SLMC Reg.No - 5300
 Membership No - S019
 Qualification - MBBS(Cey)DA(Eng)FRCA(Eng)
 Type of Practice - Consultant Anaesthetist
 Place of Practice - Private Sector
 Tel. (Off.) - 0773384136
 Home Address - 24, Joseph Lane, Colombo 4.
 Tel.(Res.) - 0112580016
 Mobile No. - 0773384136
 Email Address - chitraser1@sltnet.lk
 Fax No -

Surname - Dr. Seneviratne
 Initials - N.
 SLMC Reg.No - 7442
 Membership No - S059
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice -
 Tel. (Off.) -
 Home Address - 446/19, Meegaha Place, Thimbirigasyaya Rd, Co. 5.
 Tel.(Res.) - 503276
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Seneviratne
 Initials - T.L.
 SLMC Reg.No - 3961
 Membership No - S058
 Qualification - MBBS(Cey) MPH(Syd)
 Type of Practice - General Practice
 Place of Practice - Colombo Municipal Council
 Tel. (Off.) - 0112327217
 Home Address - 'Galkissa Walawwa' 175, Mihindu Mw, Dehiwala
 Tel.(Res.) - 0112714466
 Mobile No. - 0777383284
 Email Address - tissa.shrini@gmail.com
 Fax No -

Surname - Dr. Seneviratne
 Initials - A.L.P. de S.
 SLMC Reg.No - 7174
 Membership No - S061
 Qualification - MBBS,DFM,MD(Fam.Medicine)FCGP
 Type of Practice - Family and General Practice
 Place of Practice - Ratmalana
 Tel. (Off.) - 011 5516914, 011 2726547
 Home Address - 54/10, Chakkindarama Road, Ratmalana
 Tel.(Res.) - 011 2722180
 Mobile No. - 0714268861
 Email Address - seneviratnealpd@gmail.com
 Fax No -

Surname - Dr. Seneneviratne Epa
 Initials - S.
 SLMC Reg.No - 6271
 Membership No - S020
 Qualification - MBBS(Cey)MD,MRCP(UK)FRCP(Lond)FCCP.
 Type of Practice - Physician in private sector
 Place of Practice - Matara Nursing Home Pvt.Ltd.,
 Tel. (Off.) - 0412222177
 Home Address - 786, Sri Dahrmarama Mw, Fort, Matara
 Tel.(Res.) - 0412224477
 Mobile No. - 0776351415
 Email Address - sunilsepa@gmail.com
 Fax No -

Surname - Dr(Mrs) Serasinghe
 Initials - D.
 SLMC Reg.No - 2833
 Membership No - S021
 Qualification - MBBS, MCGP
 Type of Practice - General
 Place of Practice - Joseph Lane, Colombo 4.
 Tel. (Off.) - 0112504609
 Home Address - 18, Palmyra Avenue, Colombo 3.
 Tel.(Res.) - 0112556386
 Mobile No. - 0771520804
 Email Address - palmyra18@yahoo.com
 Fax No -

Surname - Dr. Seresinhe
 Initials - R.C.J.W.
 SLMC Reg.No - 5623
 Membership No - S022
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice -
 Tel. (Off.) - 0112863814
 Home Address - 931. Ethul Kotte, Kotte
 Tel.(Res.) - 0114547244
 Mobile No. - 0777375475
 Email Address - sujathaserasinghe@hotmail.com
 Fax No - 0114547244

Surname - Dr. Sikkander
 Initials - S.M.F.
 SLMC Reg.No - 3760
 Membership No - S023
 Qualification - MBBS(Col),DFM(SL)
 Type of Practice - Family Practice
 Place of Practice - 1640, Kotte Road, Rajagiriya
 Tel. (Off.) - 011 2861890
 Home Address - 22, Charlemont Road, Colombo 6
 Tel.(Res.) - 011 2581631
 Mobile No. - 0776727797
 Email Address - faronk.sikkander@gmail.com
 Fax No -

Surname - Dr(Mrs) Silva
 Initials - S.P.
 SLMC Reg.No - 5831
 Membership No - S028
 Qualification - MBBS DFM FCGP
 Type of Practice - Retired
 Place of Practice -
 Tel. (Off.) -
 Home Address - 70, Orchid Houses, Talahena, Malabe
 Tel.(Res.) - 011 2192070
 Mobile No. - 0712337638
 Email Address - swinithapadma@gmail.com
 Fax No -

Surname - Dr. Silva
 Initials - F.R.C.A.
 SLMC Reg.No - 5803
 Membership No - S025
 Qualification - MBBS, DFM, FCGP
 Type of Practice - Retired
 Place of Practice -
 Tel. (Off.) -
 Home Address - 70, Orchid Houses, Talahena, Malabe
 Tel.(Res.) - 011 2192070
 Mobile No. - 071 2337589
 Email Address - chrishanthsilva@gmail.com
 Fax No -

Surname - Dr. Silva
 Initials - N.C.
 SLMC Reg.No - 4324
 Membership No - S029
 Qualification - MBBS(Cey),MRCP(UK),FCCP(SL)
 Type of Practice - Consultant Physician
 Place of Practice - Nawaloka Medical Centre, Ratmalana
 Tel. (Off.) - 011 2811619
 Home Address - 27, Kandawatte Lane, Nugegoda
 Tel.(Res.) - 011 2811619
 Mobile No. - 077 3305790
 Email Address -
 Fax No -

Surname - Dr. Silva
 Initials - P.O.R.
 SLMC Reg.No - 6580
 Membership No - S030
 Qualification - MBBS(Cey)MCGP
 Type of Practice - General Practice
 Place of Practice - Dispensary & Surgery, 100, Horana Rd, Piliyandala.
 Tel. (Off.) - 0112613106
 Home Address - 23, Old Road, Piliyandala.
 Tel.(Res.) - 0112614518
 Mobile No. - 0773760003
 Email Address - porsilva@yahoo.com
 Fax No -

Surname - Dr. Silva
 Initials - J.A.J.T.N.
 SLMC Reg.No - 11381
 Membership No - S026
 Qualification - MBBS,MCGP,DFM
 Type of Practice - General Practice
 Place of Practice - Jude Medicare, Negombo Road, Seeduwa.
 Tel. (Off.) - 2255457
 Home Address - 660/31, Darshana Mw, Liyanagemulla, Seeduwa
 Tel.(Res.) - 2251632
 Mobile No. - 0773752737
 Email Address - tilaksilva1963@gmail.com
 Fax No - 2252087

Surname - Dr. Srideva
 Initials - C.
 SLMC Reg.No - 5165
 Membership No - S031
 Qualification - MBBS, DFM, DCH, MCGP
 Type of Practice - Family Practice
 Place of Practice - Jaffna & Colombo.
 Tel. (Off.) - 0112739592
 Home Address - Mediclinic, 36A, Galle Road, Wellawatte.
 Tel.(Res.) - 0778052324
 Mobile No. -
 Email Address - srisaigems@hotmail.com
 Fax No -

Surname - Dr. Sirimanne
 Initials - N.S.
 SLMC Reg.No - 8674
 Membership No - S051
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - 157, Negombo Road, Pannala.
 Tel. (Off.) - 0372246363
 Home Address - 157, Negombo Road, Pannala
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Siriwardene
 Initials - P.R.
 SLMC Reg.No - 8314
 Membership No - S033
 Qualification - MBBS,MD DCH,DFM,MRCGP,Dip.Diabetes(SW),MAAFP(USA)
 Type of Practice - General Practice
 Place of Practice - Family Medical Care,11A Miriswatta, Kottawa Rd, Piliyandala
 Tel. (Off.) - 0112613319
 Home Address - 11A, Kottawa Road, Piliyandala
 Tel.(Res.) - 0112613319
 Mobile No. - 0775195253
 Email Address - p.r.siriwardena@gmail.com
 Fax No -

Surname - Dr. Sivapalan
 Initials - P.
 SLMC Reg.No - 5174
 Membership No - S034
 Qualification - MBBS(Cey)MCGP(SL)
 Type of Practice - General Practice
 Place of Practice - Atchuvely
 Tel. (Off.) - 0212054606
 Home Address - No.34, Palaly Road, Urumpirai
 Tel.(Res.) - 0776638427
 Mobile No. - 0779262951
 Email Address - psivapalan@yahoo.com
 Fax No -

Surname - Dr. Sivapalasuncharam
 Initials - A.
 SLMC Reg.No - 4491
 Membership No - S035
 Qualification - MRCP
 Type of Practice -
 Place of Practice - Delmon Hospital, Galle Rd, Wellawatte.
 Tel. (Off.) - 2503762
 Home Address - Station Court, 19 1/3, Station Road, Colombo 6.
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Sivarajah
 Initials - P.
 SLMC Reg.No - 5622
 Membership No - S054
 Qualification - MBBS(Cey) DFM(SL)
 Type of Practice - General Practice
 Place of Practice - Bopitiya, Pamunugama.
 Tel. (Off.) -
 Home Address - 4, Wijeyapala Mendis Ave, Negombo.
 Tel.(Res.) - 0312223166
 Mobile No. - 0773139145
 Email Address -
 Fax No -

Surname - Dr. Sivasankar
 Initials - S.
 SLMC Reg.No - 22758
 Membership No - S062
 Qualification - MBBS
 Type of Practice - Family Physician
 Place of Practice - The Central Hospital , Colombo 10
 Tel. (Off.) - 011 4666000
 Home Address - 9A, Mary's Road, Bambalapitiya.
 Tel.(Res.) - 011 2587028
 Mobile No. - 0773418557
 Email Address - dr.sivasankar@gmail.com
 Fax No - 011243569

Surname - Dr(Mrs) Sivayogan
 Initials - T.
 SLMC Reg.No - 6854
 Membership No - S039
 Qualification - MBBS
 Type of Practice - Retired
 Place of Practice - -
 Tel. (Off.) - 0718581292
 Home Address - 17, Pinto Place, Wellawatte, Colombo 6.
 Tel.(Res.) - 0112366289
 Mobile No. - 0718581292
 Email Address - shivyom@yahoo.com
 Fax No -

Surname - Dr.(Mrs) Somaratne
 Initials - M.V..H.
 SLMC Reg.No - 6407
 Membership No - S041
 Qualification - MBBS(Cey)DFM(SL)DCH(SL)MCGP
 Type of Practice - General Practice
 Place of Practice - Mailawalana Road, Kirindiwela
 Tel. (Off.) - 0332268911
 Home Address - 9/66, Nugahenawatta, Kirindiwela.
 Tel.(Res.) - 0332267418
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Somaratne
Initials - D.A.
SLMC Reg.No - 6564
Membership No - S040
Qualification - MBBS, FRCS(Edin)
Type of Practice - Consultant Surgeon
Place of Practice -
Tel. (Off.) -
Home Address - 68, Pamankada Road, Colombo 6
Tel.(Res.) -
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Somasiri
Initials - W.P.
SLMC Reg.No - 4383
Membership No - S042
Qualification - MBBS(Cey)MD(Fam.Med)DCH(Cey)D&M,FCGP
Type of Practice - General Practitioner
Place of Practice - Gampaha.
Tel. (Off.) - 0812352314
Home Address - 22, Galkanda Road, Anniwatta, Kandy.
Tel.(Res.) - 0812224382
Mobile No. - 0776096354
Email Address -
Fax No - 0812352314

Surname - Dr. Miss. Somaskandan
Initials - T.
SLMC Reg.No - 20887
Membership No - S053
Qualification - MD, Czech Republic
Type of Practice - General Practice
Place of Practice - Lanka Hospital, Colombo 5.
Tel. (Off.) - 4530000
Home Address - D1, D Block, Bambalapitiya flats, Co. 4.
Tel.(Res.) - 0112587626
Mobile No. - 0716357033
Email Address - tharminis@hotmail.com
Fax No -

Surname - Dr. Soysa
 Initials - W.H.C.
 SLMC Reg.No - 5436
 Membership No - S043
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - 118, D.S. Senanayake Mawatha, Panadura
 Tel. (Off.) - 038 2234057
 Home Address - 574, Galle Road, Panadura
 Tel.(Res.) - 038 2232473
 Mobile No. - 0777 347633
 Email Address -
 Fax No -

Surname - Dr. Sri Ranjan
 Initials - K.
 SLMC Reg.No - 7179
 Membership No - S052
 Qualification - MBBS,DCH,DFM,FCGP
 Type of Practice - Family Practice
 Place of Practice - Ave Maria Hospital Pvt.Ltd, Negombo
 Tel. (Off.) - 031-2222974,2222127
 Home Address - 73/5, Chilaw Road, Negombo
 Tel.(Res.) - 031-2238210
 Mobile No. - 0777760527
 Email Address - criranjan55@gmail.com
 Fax No - 0312232670

Surname - Dr. Sri Ranjan
 Initials - K.
 SLMC Reg.No - 5613
 Membership No - S044
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - 129, Galle Road, Dehiwala
 Tel. (Off.) - 011 2725688
 Home Address - 5-4/6, Francis Road, Colombo 6
 Tel.(Res.) - 011 2596209
 Mobile No. - 0775 361304
 Email Address - k.sriranjan@yahoo.com
 Fax No -

Surname - Dr. Sripiriyadharshan
Initials - P.
SLMC Reg.No - 6372
Membership No - S036
Qualification - MBBS(Cey)
Type of Practice - General Practice
Place of Practice - Udugampola, Sri Lanka Ports Authority
Tel. (Off.) - 2320428
Home Address - 181D, Minuwangoda Road, Udugampola.
Tel.(Res.) - 0332226851
Mobile No. - 0777699676
Email Address - spriya@slpa.lk
Fax No -

Surname - Dr. Subasinghe
Initials - D.P.C
SLMC Reg.No - 7053
Membership No - S046
Qualification - MBBS(Cey.),MCGP(SL),DFM(SL)
Type of Practice - Private Practice
Place of Practice - 448, Main Street, Negombo
Tel. (Off.) - 031 2222294
Home Address - 448/A, Main Street, Negombo
Tel.(Res.) - 031 4874134
Mobile No. - 0773 511707
Email Address -
Fax No -

Surname - Dr. Sugathadasa
Initials - D.A.
SLMC Reg.No - 2791
Membership No - S047
Qualification - MBBS
Type of Practice - General Practice
Place of Practice - 28, Boteju Road, Colombo 5.
Tel. (Off.) - 0112587220
Home Address - 28, Boteju Road, Colombo 5.
Tel.(Res.) - 0112587220
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Sugathapala
 Initials - C.R.D.T.
 SLMC Reg.No - 12774
 Membership No - S048
 Qualification - MBBS,DFM,MCGP
 Type of Practice - General Practitioner
 Place of Practice - 106/2, New Road, Ambalangoda.
 Tel. (Off.) - 0912258204
 Home Address - 25, Vilegoda, Ambalangoda.
 Tel.(Res.) - 0912258328
 Mobile No. - 0702721260
 Email Address - rsugathapala@hotmail.com
 Fax No - 0912277339

Surname - Dr. Sulaiman
 Initials - Hamza M.
 SLMC Reg.No - 5415
 Membership No - S049
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - Healthline Medical Diagnostics, Kohuwela
 Tel. (Off.) - 011 4303051
 Home Address - 61, Ananda Coomarasamy Mw, Colombo 3
 Tel.(Res.) - 011 2573389
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Sulthan
 Initials - M.A.A.
 SLMC Reg.No - 3940
 Membership No - S050
 Qualification - MBBS, MCGP
 Type of Practice - General Practice
 Place of Practice - 9, Circular Road, Galle.
 Tel. (Off.) - 0912222718
 Home Address - 69, Richmond Hill Road, Galle
 Tel.(Res.) - 0912234354
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr(Mrs) Suranimala
 Initials - C.A.
 SLMC Reg.No - 24562
 Membership No - S064
 Qualification - MBBS(Bristol)UK, MRCS(UK)
 Type of Practice - General Practice
 Place of Practice -
 Tel. (Off.) -
 Home Address - 15/1B, Alfred House Gardens, Colombo 3.
 Tel.(Res.) -
 Mobile No. - 0773427293
 Email Address - chinthis@yahoo.co.uk
 Fax No -

Surname - Dr. Tennakoon
 Initials - S.
 SLMC Reg.No - 4380
 Membership No - T002
 Qualification - MD,DTM & H
 Type of Practice - Consultant
 Place of Practice - Pannipitiya Nursing Home
 Tel. (Off.) - 0112840384
 Home Address - 132/2, Rukgolla Watta, Bavigomuva, Potuhera
 Tel.(Res.) - 0112906989
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Tennekoon
 Initials - M.
 SLMC Reg.No - 3179
 Membership No - T001
 Qualification - MCGP(SL)DCH(Eng)MBBS(Colombo)
 Type of Practice - Family Practice
 Place of Practice - Thalawatugoda
 Tel. (Off.) - 072723720
 Home Address - 7, Alfred House Avenue, Colombo 3.
 Tel.(Res.) - 0112740980
 Mobile No. - 0727277801
 Email Address -
 Fax No -

Surname - Dr. Tennekoon
 Initials - V.
 SLMC Reg.No - 3498
 Membership No - T003
 Qualification - MBBS,MD,MRCP,FRACP
 Type of Practice -
 Place of Practice - 45A, Sumangala Road, Colombo 8.
 Tel. (Off.) - 0112686482
 Home Address -
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Thavarajah
 Initials - E.
 SLMC Reg.No - 9205
 Membership No - T005
 Qualification - MBBS(SL),DFM(SL)
 Type of Practice - Private Practice
 Place of Practice - Arunachala Medi Clinic, Colombo 13
 Tel. (Off.) - 0714 273419
 Home Address - Vishnu Residency, 36 3/6, Sinsapa Rd, Col 6.
 Tel.(Res.) - 011 2585992
 Mobile No. - 0714 273419
 Email Address - thavarajah_dr@yahoo.com
 Fax No -

Surname - Dr. Theivendran
 Initials - R.
 SLMC Reg.No - 3288
 Membership No - T014
 Qualification - MBBS(Cey) MSc(Community Medicine)
 Type of Practice - General Practice
 Place of Practice - 350, Palaly Road, Jaffna.
 Tel. (Off.) - 0212219332
 Home Address - 36/7, Forest Office Lne, Jaffna.
 Tel.(Res.) - 0212222710
 Mobile No. - 0771532496
 Email Address -
 Fax No -

Surname - Dr. Theverapperuma
Initials - C.D.S.
SLMC Reg.No - 4025
Membership No - T006
Qualification - MBBS,DCH(Lond)DRCOG(Lond)
Type of Practice - General Practice
Place of Practice - Asiri Hospitals Ltd.
Tel. (Off.) -
Home Address - 8, Kalinga Place, Jawatte Road, Colombo 5.
Tel.(Res.) - 0114517687
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Thilekewardene
Initials - G.W.
SLMC Reg.No - 4916
Membership No - T008
Qualification - MBBS
Type of Practice - General Practice
Place of Practice - Medical Centre,Ambagahawatta, Minuwangoda.
Tel. (Off.) -
Home Address - 12, Gunaratne Mw, Kurana, Negombo.
Tel.(Res.) -
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Thilekaratne
Initials - P.
SLMC Reg.No - 8742
Membership No - T009
Qualification - MBBS(Cey)
Type of Practice - General Practice
Place of Practice - Suwasetha Medical Centre, Main Street, Ruwanwella
Tel. (Off.) - 0362266401
Home Address - Pussahena, Bulathkohupitiya.
Tel.(Res.) - 0112845464
Mobile No. - 0713512019
Email Address -
Fax No -

Surname - Dr. Tillakaratne
Initials - A.M.W.K.
SLMC Reg.No - 5549
Membership No - T010
Qualification - MBBS(Cey)MRCS(Eng)LRCP(Lond)Dip.Ven(Lond)
Type of Practice - Family Practice
Place of Practice - 266, Colombo Road, Gampaha, 11000.
Tel. (Off.) - 0332222479
Home Address - 125, Jawatta Road, Colombo 5.
Tel.(Res.) - 0112585184
Mobile No. - 0711430066
Email Address - amwkt41@gmail.com/hbmedicare@sltnet.lk
Fax No -

Surname - Dr. Thilakaratna
Initials - M.G.H.
SLMC Reg.No - 7198
Membership No - T007
Qualification - MBBS(SL),DFM(SL),FCGP,MAAFP,CFPC,MACSM
Type of Practice - Teaching Practice
Place of Practice - Asiri Clinic, Ratmalana
Tel. (Off.) - 011 2605022
Home Address - 25, Rahula Road, Katubedda Ratmalana
Tel.(Res.) - 011 2636688
Mobile No. - 0775 0660393
Email Address - thmdmgh@gmail.com
Fax No -

Surname - Dr. Tirimanne
Initials - D.N.S.
SLMC Reg.No - 3323
Membership No - T011
Qualification - MBBS(Cey)MCGP(SL)FCGP(SL)
Type of Practice - General Practice
Place of Practice - Pamunugama
Tel. (Off.) - 0312236849
Home Address -
Tel.(Res.) - \
Mobile No. -
Email Address - 0112226849,011 2236435
Fax No -

Surname - Dr. Tissera
Initials - M.A.P.
SLMC Reg.No - 7632
Membership No - T012
Qualification - MBBS(SL),DFM(SL),MCGP
Type of Practice - Family Practice
Place of Practice - 7, Katuwapitiya Road, Negombo
Tel. (Off.) - 031 2235555
Home Address - 329/10, Pahala Kandawala, Kandawala
Tel.(Res.) - 031 2233553
Mobile No. - 0773 696707
Email Address - maptis@slt.net.lk
Fax No -

Surname - Dr. Tissera
Initials - W.E.W.
SLMC Reg.No - 6008
Membership No - T013
Qualification - MBBS(Cey) DFM (SL)
Type of Practice -
Place of Practice - 43, Fort Road, Chilaw.
Tel. (Off.) - 032222366
Home Address - 43, Fort Road, Chilaw.
Tel.(Res.) - 032222366
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Udupihille
Initials - U.M.N.D.
SLMC Reg.No - 3788
Membership No - U001
Qualification - MBBS(Cey)
Type of Practice - General Practice
Place of Practice - 41, Deva Vidiya, Kandy.
Tel. (Off.) - 081222352
Home Address - 47B, Mahasen Mawatha, Hantana Place, Kandy.
Tel.(Res.) - 082218837
Mobile No. -
Email Address -
Fax No -

Surname - Dr (Mrs) Uduwela
 Initials - N.H
 SLMC Reg.No - 9505
 Membership No - U002
 Qualification - MBBS(Cey), DFM(UK)
 Type of Practice - General Practice
 Place of Practice - 17/3, Karlshue Gardens, Colombo 10
 Tel. (Off.) - 0112504664
 Home Address - 0777588228
 Tel.(Res.) - coo@medicheks.com
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Varatharajan
 Initials - S
 SLMC Reg.No - 3094
 Membership No - V004
 Qualification - MBBS(Cey),FRCA (Eng)
 Type of Practice - Anaesthetist
 Place of Practice - Retired
 Tel. (Off.) - 0112364174
 Home Address - 25, 3/3, Arethus Lane, Colombo 6.
 Tel.(Res.) - 0112553568
 Mobile No. - 0750349084
 Email Address - vatagaba@sltnet.lk
 Fax No -

Surname - Dr. (Mrs) Velummylum
 Initials - V
 SLMC Reg.No - 5932
 Membership No - V003
 Qualification - MBBS(Cey),DFM, DTCD
 Type of Practice - Medical Officer
 Place of Practice - Nawaloka Hospital
 Tel. (Off.) - 2421660
 Home Address - 18 2/3, Sun city Apartment, St.Anthony's Mw, Col. 3.
 Tel.(Res.) - 0112577382
 Mobile No. - 0774746451
 Email Address - velum2007@yahoo.com
 Fax No -

Surname - Dr. Wadugodapitiya
 Initials - W.O.
 SLMC Reg.No - 3138
 Membership No - W001
 Qualification - MBBS(Cey)DPH(Aus)
 Type of Practice - Community Medicine
 Place of Practice - Kuchchaveli
 Tel. (Off.) -
 Home Address - 9, Mahasen Mawatha, Colombo 5.
 Tel.(Res.) - 0112580206
 Mobile No. - 0763753587
 Email Address -
 Fax No -

Surname - Dr. Walagampaya
 Initials - G.N.B.
 SLMC Reg.No - 4839
 Membership No - W002
 Qualification - MBBS(Cey)FCGP(SL)
 Type of Practice - Family Practice
 Place of Practice - 10 36th Lane, Colombo 6.
 Tel. (Off.) - 2363605
 Home Address - 207, De Saram Place, Colombo 10.
 Tel.(Res.) - 2552329
 Mobile No. - 0773 470113
 Email Address - sulaiman@sltnet.lk
 Fax No -

Surname - Dr. Walgamage
 Initials - T.B.
 SLMC Reg.No - 20487
 Membership No - W050
 Qualification - MBBS, DFM (UK), DCH(Aus), FRACGP(Aus)
 Type of Practice - General Practice
 Place of Practice - Australia
 Tel. (Off.) - 0114531088
 Home Address - 18/33, Hakmana Road Matara
 Tel.(Res.) - 041 2221031
 Mobile No. - +61404500551
 Email Address - thilanbuwaneka@yahoo.com
 Fax No -

Surname - Dr. Walisundara
 Initials - S.K.B.
 SLMC Reg.No - 7293
 Membership No - W003
 Qualification - MBBS(Cey)
 Type of Practice - Family Practice
 Place of Practice - Walisundara Medical Centre, Anuradhapura.
 Tel. (Off.) - 0252222056
 Home Address - 598/18. Upeksha Mw, Stage I, Anuradhapura.
 Tel.(Res.) - 0252235492
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Wanasinghe
 Initials - W.R.
 SLMC Reg.No - 3613
 Membership No - W004
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice -
 Tel. (Off.) -
 Home Address - 33, 3rd Lane, Obawatte Road, Madiwela, Kotte.
 Tel.(Res.) -
 Mobile No. - 0713228477
 Email Address -
 Fax No -

Surname - Dr. Wannaku-Korala
 Initials - R.F.
 SLMC Reg.No - 3813
 Membership No - W043
 Qualification - MBBS
 Type of Practice -
 Place of Practice -
 Tel. (Off.) -
 Home Address - 12, Sirimal Mawatha, Pepiliyana
 Tel.(Res.) - 0112735581
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Warakagoda
Initials - D.M.T.
SLMC Reg.No - 7630
Membership No - W025
Qualification - MBBS(SL)
Type of Practice - General Practice
Place of Practice - 279, Main Street, Anuradhapura
Tel. (Off.) - 025 2235146
Home Address - 596/6, Stage I, Anuradhapura
Tel.(Res.) - 025 2222625
Mobile No. - 0729194462
Email Address - thissawa@gmail.com
Fax No -

Surname - Dr. Weerackody
Initials - E.S.
SLMC Reg.No - 3320
Membership No - W006
Qualification - MBBS(Cey),DPH(Liverpool)
Type of Practice - MO/OPD
Place of Practice - Seth Sevana(Pvt) Hospital, Kurunegala
Tel. (Off.) - 037 2232365
Home Address - 202, Colombo Road, Kurunegala
Tel.(Res.) - 037 2232123
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Weerakoon
Initials - R.L.
SLMC Reg.No - 5263
Membership No - W007
Qualification - MBBS(Cey)
Type of Practice - Family Physician
Place of Practice - 30, C.W.E.Road, Homagama
Tel. (Off.) - 011 2857612
Home Address - 30, C.W.E.Road, Homagama
Tel.(Res.) - 011 2857612
Mobile No. - 0771 937417
Email Address - rlweera@sltnet.lk
Fax No -

Surname - Dr. Weeraman
 Initials - D.N.D.K.
 SLMC Reg.No - 7917
 Membership No - W008
 Qualification - MBBS(SL), DFM, MCGP
 Type of Practice - Family Practice
 Place of Practice - Leeson's Hospital, Ragama
 Tel. (Off.) - 011 2961300
 Home Address - 21/508, Gonahena Rd, Ranmuthugala, Kadawatha
 Tel.(Res.) - 011 5664623
 Mobile No. -
 Email Address - dawee@sltnet.lk
 Fax No -

Surname - Dr. Weeraman
 Initials - J.S.D.K.
 SLMC Reg.No - 6151
 Membership No - W058
 Qualification - MBBS(SL), MD(Paediatrics)DCH,DFM
 Type of Practice -
 Place of Practice - Epidemiology Unit - 231, De Saram Place, Co. 10.
 Tel. (Off.) - 0912225090
 Home Address - 38, Kachchiwatta Rd, Megalle, Galle.
 Tel.(Res.) - 0912225090
 Mobile No. - 0714357526
 Email Address - dr.jsdk_weeraman@yahoo.com
 Fax No -

Surname - Dr. Weeraratne
 Initials - D.C.de S.
 SLMC Reg.No - 2407
 Membership No - W009
 Qualification - MBBS(Cey)
 Type of Practice -
 Place of Practice -
 Tel. (Off.) -
 Home Address - 23/1, 5th Lane, Rathmalana
 Tel.(Res.) - 0112610887
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. (Mrs). Weerasekera
Initials - D.D.
SLMC Reg.No - 6512
Membership No - W010
Qualification - MBBS, DFM
Type of Practice - General Practice
Place of Practice - 12, Sri Dharmarama Road, Ratmalana.
Tel. (Off.) - 2723268
Home Address - 12, Sri Dharmarama Road, Ratmalana.
Tel.(Res.) - 2723268
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Weerasekera
Initials - J.K.S
SLMC Reg.No - 3343
Membership No - W044
Qualification - MBBS(Cey),FRCS(Eng)
Type of Practice - Specialist in Orthopaedic & Trauma
Place of Practice - Colombo
Tel. (Off.) - 011 2854817
Home Address - 84, Devala Road, Nugegoda
Tel.(Res.) - 011 2854817
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Weerasena
Initials - K.L.
SLMC Reg.No - 21337
Membership No - WO51
Qualification - MBBS
Type of Practice - General Practice
Place of Practice - Hospital & Homecare Services (Pvt) LTD,Colombo 3.
Tel. (Off.) - 2573523
Home Address - 546/10, Galle Road, Colombo 3.
Tel.(Res.) - 0777729797
Mobile No. - 0777729797
Email Address - llweerasena@yahoo.com
Fax No - 011 2301002

Surname - Dr. Weerasena
Initials - L.L.De S.
SLMC Reg.No - 4610
Membership No - W011
Qualification - MBBS(Cey)FCGP(SL)GMC(UK)
Type of Practice - Family Practice, Chairman Pilot Medical Board, SL.
Place of Practice - Hospital & Homecare Services (Pvt)LTD,Colombo 3.
Tel. (Off.) - 0112573523
Home Address - 366 3/1, Galle Road, Colombo 3.
Tel.(Res.) - 0112574874
Mobile No. - 0777394695
Email Address - llweerasena@yahoo.com
Fax No - 0112574874

Surname - Dr. Weerasinghe
Initials - A.
SLMC Reg.No - 5949
Membership No - W021
Qualification - MBBS(Cey),DFM(Col)
Type of Practice - General Practice
Place of Practice - Matara
Tel. (Off.) - 041 2222379
Home Address - 48A, Esplanade Road, Uyanwaththa, Matara
Tel.(Res.) - 041 2223072
Mobile No. -
Email Address -
Fax No -

Surname - Dr. Weerasinghe.
Initials - P.K.
SLMC Reg.No - 7113
Membership No - W047
Qualification - MBBS,DFM
Type of Practice - General Practice
Place of Practice - 12, Araliya Gardens, Nawala, Rajagiriya.
Tel. (Off.) - 0718157125
Home Address - 19, Sudarshana Mw, Nawala, Rajagiriya.
Tel.(Res.) - 0112866688
Mobile No. - 0776961714
Email Address - pushpa1972@hotmail.com
Fax No -

Surname - Dr. Weerasinghe
Initials - M.M.R.
SLMC Reg.No - 5286
Membership No - W012
Qualification - MBBS(Cey)
Type of Practice - General Practice
Place of Practice - 77/1, Katuwapitiya Rd, Negombo
Tel. (Off.) - 031 2221067
Home Address - 77/1, Katuwapitiya Rd, Negombo
Tel.(Res.) - 031 2221067
Mobile No. - 00 968 99227641
Email Address - wranjith@hotmail.com
Fax No -

Surname - Dr. Weerasinghe
Initials - S.H.
SLMC Reg.No - 038 (Act 15)
Membership No - W056
Qualification - MD(Russia), MSc(SL)
Type of Practice - Director Medical, GSK
Place of Practice - 121, Galle Road, Kaldemulla, Moratuwa.
Tel. (Off.) - 0722281092
Home Address - 46/17, Kalalgoda Rd, Dambugahawatte, Pannipitiya
Tel.(Res.) - 02156334
Mobile No. - 0722281092
Email Address - hectorweera@gmail.com
Fax No -

Surname - Dr. Weerasinghe
Initials - R.P.
SLMC Reg.No - 7031
Membership No - W045
Qualification - MBBS(Cey) DFM
Type of Practice - General Practice
Place of Practice - Gomes Hospital, Avissawella
Tel. (Off.) - 0112856178
Home Address - 12, Woodland Avenue, Kohuwala.
Tel.(Res.) -
Mobile No. -
Email Address - rpweera@yahoo.com
Fax No -

Surname - Dr. Weerasooriya
 Initials - D.W.
 SLMC Reg.No - 4011
 Membership No - W016
 Qualification - MBBS(Cey)FRC(SL)Hon,FCGPHon. FCS
 Type of Practice - General Surgery
 Place of Practice -
 Tel. (Off.) -
 Home Address - 7B, Sumer Place, Borella, Colombo 8.
 Tel.(Res.) - 0112 681071
 Mobile No. - 0777 453163, 0777948310
 Email Address - dwweera@yahoo.com.au
 Fax No -

Surname - Dr. Weerasuriya
 Initials - K.C.A.
 SLMC Reg.No - 13012
 Membership No - W049
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - Ceylinco Diabetes - Centre
 Tel. (Off.) - 0112490290
 Home Address - 32,Suriyamal Mawatha, Boralessgamuwa, Papiliyana.
 Tel.(Res.) - 2812333
 Mobile No. - 0712763317
 Email Address - athil2003@yahoo.com
 Fax No -

Surname - Dr. (Mrs) Weeratunga
 Initials - C.R.
 SLMC Reg.No - 4093
 Membership No - W018
 Qualification - MBBS(Ceylon)
 Type of Practice - General Practice
 Place of Practice - Locum
 Tel. (Off.) -
 Home Address - 65, Depanama, Pannipitiya.
 Tel.(Res.) - 0112850477
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Welagedara
 Initials - W.M.S.
 SLMC Reg.No - 4925
 Membership No - W052
 Qualification - MBBS,DA(Lond), FRCA(Lond)
 Type of Practice - Specialist Anaesthesiology
 Place of Practice - Retired
 Tel. (Off.) -
 Home Address - 4/76, Thalakotuwa Gardens, Polhengoda
 Tel.(Res.) - 0112513220
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Wickramasinghe
 Initials - L.V. P.
 SLMC Reg.No - 3852
 Membership No - W023
 Qualification - MBBS(Cey) MCGP(SL)
 Type of Practice - Family Practice
 Place of Practice - Katukurunda Nursing Home
 Tel. (Off.) - 0342222212
 Home Address - 11, Fairline Road, Dehiwala.
 Tel.(Res.) - 0112717147
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Wickremesinghe
 Initials - N.F.
 SLMC Reg.No - 5187
 Membership No - W043
 Qualification - MBBS(Cey), FCGP(SL), D. Av. Med.(UK), FFOM.RCP(Lon)
 Type of Practice - Semi Retired GP/Consultant in Occupational and Aviation Med.
 Place of Practice - 131/5, Kirulapone Ave, Off New Baseline Rd, Co. 00500
 Tel. (Off.) - 0112512438
 Home Address - 131/5, Kirulapone Ave, Off New Baseline Rd, Co. 00500
 Tel.(Res.) - 0112512438
 Mobile No. - 077 6654829
 Email Address - nwosh1@gmail.com
 Fax No -

Surname - Dr. (Mrs) Wickramasinghe
 Initials - B.E.V.
 SLMC Reg.No - 2948
 Membership No - W042
 Qualification - MBBS(Cey)
 Type of Practice - Medical Officer, DMS Laboratories
 Place of Practice -
 Tel. (Off.) -
 Home Address - 20, Seaview Avenue, Colombo 3
 Tel.(Res.) - 011 2573185
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Wickramasinghe
 Initials - T.
 SLMC Reg.No - 6529
 Membership No - W019
 Qualification - MBBS(Cey)
 Type of Practice - General Practitioner
 Place of Practice - 44/3, Templer's Road, Mount Lavinia.
 Tel. (Off.) - 0112723459
 Home Address - 44/3, Templer's Road, Mount Lavinia.
 Tel.(Res.) - 0112723459
 Mobile No. - 0776122314
 Email Address - dlmanshi@sltnet.lk
 Fax No -

Surname - Dr. Wickramasinghe
 Initials - H.N.
 SLMC Reg.No - 4122
 Membership No - W022
 Qualification - MBBS(Cey)MCGP(SL)DCH(Cey)FCGP(SL)
 Type of Practice - General Practitioner
 Place of Practice - 86, Low Level Road, Hanwellla.
 Tel. (Off.) - 0362255102
 Home Address - 29/2, Galle Road, Bambalapitiya, Colombo 4.
 Tel.(Res.) - 0112581940, 0112590438
 Mobile No. - 0777380416
 Email Address -
 Fax No -

Surname - Dr. Wickramasuriya
 Initials - D.
 SLMC Reg.No - 4214
 Membership No - W024
 Qualification - MBBS, MCGP
 Type of Practice - Family Nursing Home
 Place of Practice - 273, Galle Road, Beruwala.
 Tel. (Off.) - 4288242
 Home Address - 273A, Galle Road, Beruwala.
 Tel.(Res.) - 0342276466
 Mobile No. -
 Email Address - dinilw@sltnet.lk
 Fax No -

Surname - Dr. Wickramasuriya
 Initials - R.A.D.G.H
 SLMC Reg.No - 6068
 Membership No - W026
 Qualification - MBBS(Cey)
 Type of Practice - General Practice
 Place of Practice - 72/1, Station Road, Kandana
 Tel. (Off.) - 0719632846
 Home Address - 72/2, Station Road, Kandana
 Tel.(Res.) - 0112237051
 Mobile No. - 0719632846
 Email Address -
 Fax No -

Surname - Dr. (Mrs) Wickremasinghe
 Initials - A.E.
 SLMC Reg.No - 7205
 Membership No - W020
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - Vindana Reproductive Health Centre
 Tel. (Off.) - 011 2689685
 Home Address - 20, Boteju Road, Colombo 5
 Tel.(Res.) - 011 4927971
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Wickramasuriya
 Initials - T.V.A.W.
 SLMC Reg.No - 4691
 Membership No - W025
 Qualification - MBBS(Cey),M.Comu.H.,DTM & H
 Type of Practice - Medical Director
 Place of Practice - Asiri Surgical Hospital
 Tel. (Off.) - 4524400
 Home Address - 18, Lily Avenue, Jayanthipura, Battaramulla.
 Tel.(Res.) - 0112878187
 Mobile No. - 0777517362
 Email Address - drtissaw@sltnet.lk
 Fax No -

Surname - Dr. Wickramathileke
 Initials - H.D.
 SLMC Reg.No - 6436
 Membership No - W027
 Qualification - MBBS(Cey) MSc(Occ Med) ,MIOASH, RSP(UK)
 Type of Practice -
 Place of Practice - Ceylon Tobacco Co, P.O.Box 18, Colombo 13.
 Tel. (Off.) - 0112433832 / 0112434265
 Home Address - 124A,Dutugemunu Street, Kohuwala, Dehiwala.
 Tel.(Res.) - 0112556135
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Wijedoru
 Initials - D.
 SLMC Reg.No - 4777
 Membership No - W054
 Qualification - MBBS(Cey)
 Type of Practice - General
 Place of Practice - Asiri Hospital, Kirula Road, Colombo 5
 Tel. (Off.) - 0114523300
 Home Address - 69/7, 'The Villa', Kawdana Road, Attidiya, Dehiwela
 Tel.(Res.) - 0112730709
 Mobile No. - 0773059691
 Email Address - damayanw@gmail.com
 Fax No -

Surname - Dr. Wijegoonewardene
 Initials - A.D.P.A.
 SLMC Reg.No - 8084
 Membership No - W028
 Qualification - MBBS,DFM,FCGP(SL),FRCGP(Hony)
 Type of Practice - Family Physician/General Practitioner
 Place of Practice - 742A, Maradana Road, Colombo 10.
 Tel. (Off.) - 0112699120
 Home Address - 7, Borella Cross Road, Colombo 8.
 Tel.(Res.) - 0112695776
 Mobile No. - 0777771369
 Email Address - dr.preethiw@gmail.com
 Fax No -

Surname - Dr. Wijenaike
 Initials - A,
 SLMC Reg.No - 2296
 Membership No - W029
 Qualification - MBBS
 Type of Practice - Retired General Practice
 Place of Practice -
 Tel. (Off.) -
 Home Address - 82, Ward Place, Colombo 7.
 Tel.(Res.) - 0112694940
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Wijeratne
 Initials - G.D.S.
 SLMC Reg.No - 25622
 Membership No - W053
 Qualification - MD (Russia)
 Type of Practice - General Practice
 Place of Practice - Lanka Hospitals
 Tel. (Off.) - 0718587688
 Home Address - 181/6, Vijaya Kumarathunga Rd, Kirullapone
 Tel.(Res.) - 0718587688
 Mobile No. - 0718587688
 Email Address - drsakunthalawijeratne@gmail.com
 Fax No -

Surname - Dr. Wijeyeratne
 Initials - Cuda
 SLMC Reg.No - 2912
 Membership No - W030
 Qualification - MBBS,DPM,FRCPsych
 Type of Practice - Retired General Practice
 Place of Practice -
 Tel. (Off.) -
 Home Address - 361/2, Akuregoda Rd, Akuregoda, Talangama South.
 Tel.(Res.) - 0112786562
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 Email Address - cudawij@sltnet.lk
 Fax No -

Surname - Dr. Wijeratne
 Initials - R.M.A.
 SLMC Reg.No - 12051
 Membership No - W048
 Qualification - MBBS
 Type of Practice - General Practice
 Place of Practice - 104, Sir James Peiris Mw, Colombo 7.
 Tel. (Off.) - 0712346530
 Home Address - 207/23, Dharmapala Mw, Colombo 7
 Tel.(Res.) - 2699601
 Mobile No. - 0712346530
 Email Address - rmaw@sltnet.lk
 Fax No -

Surname - Dr. Wijesena
 Initials - L.W.
 SLMC Reg.No - 3921
 Membership No - W032
 Qualification - MBBS(Cey)
 Type of Practice - Family Physician
 Place of Practice -
 Tel. (Off.) -
 Home Address - 56/3, Horton Place, Colombo 7
 Tel.(Res.) - 011 2691682
 Mobile No. - 0772791450
 Email Address - lankawijesena@gmail.com
 Fax No - 0112674435

Surname - Dr. (Mrs) Wijesena
Initials - L.N.
SLMC Reg.No - 14806
Membership No - W031
Qualification - MBBS,MRACGP
Type of Practice - General Practice
Place of Practice - 56/3, Horton Place, Colombo 7.
Tel. (Off.) - 0112691682
Home Address - 56/3, Horton Place, Colombo 7.
Tel.(Res.) - 0112691682/2674435
Mobile No. - 0772791450
Email Address - lankawijesena@gmail.com
Fax No - 0112673335

Surname - Dr. Wijesinghe
Initials - H.D.
SLMC Reg.No - 5326
Membership No - W033
Qualification - MBBS(Cey)MRCP(UK)MCGP(Cey)
Type of Practice - Consultant Physician
Place of Practice - 37, Horana Road, Padukka.
Tel. (Off.) - 0112859157
Home Address - Meepe, Padukka.
Tel.(Res.) - 0112859199
Mobile No. - 0777328242
Email Address - dharmapriyaw@gmail.com
Fax No - 0112830059

Surname - Dr. Wijewardane
Initials - P.A.
SLMC Reg.No - 7464
Membership No - W039
Qualification - MBBS, FRCS
Type of Practice - General Practice
Place of Practice -
Tel. (Off.) -
Home Address - 364/1, Robert Gunewardene Mw, Battaramulla.
Tel.(Res.) - 2684823
Mobile No. - 0722255120
Email Address -
Fax No -

Surname - Dr. Wijeweera
 Initials - N.D.
 SLMC Reg.No - 7213
 Membership No - W040
 Qualification - MBBS, FRCS
 Type of Practice - General Practice
 Place of Practice - 47, Pangiriwatte Mw, Mirihana, Nugegoda.
 Tel. (Off.) -
 Home Address -
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. (Mrs) Wilatgamuwa
 Initials - S.R.
 SLMC Reg.No - 5204
 Membership No - WO46
 Qualification - MBBS, DFM,FCGP
 Type of Practice - General Practice
 Place of Practice - Durdans Hospital
 Tel. (Off.) -
 Home Address - 55/2, Nimala Maria Mw, Hendala
 Tel.(Res.) - 0112931677
 Mobile No. - 0773933561
 Email Address - shreenrw@yahoo.com
 Fax No - 0114820479

Surname - Dr. Wimalaratna
 Initials - K.D.P.
 SLMC Reg.No - 3668
 Membership No - W041
 Qualification - MBBS(Cey)
 Type of Practice -
 Place of Practice - 18, Thabrew Lane, Kurunegala.
 Tel. (Off.) -
 Home Address -
 Tel.(Res.) -
 Mobile No. -
 Email Address -
 Fax No -

Surname - Dr. Wimalaratna
Initials - Omala
SLMC Reg.No - 6846
Membership No - W059
Qualification - MBBS(Cey), Dip.Med.Micro.MD
Type of Practice - Vaccinologist
Place of Practice - 28, Byrde Place, Colombo 6.
Tel. (Off.) - 0112503165
Home Address - 28, Byrde Place, Colombo 6.
Tel.(Res.) - 0112503165
Mobile No. - 0714324748
Email Address - omalaw@hotmail.com
Fax No -

Surname - Dr(Mrs) Wimansa
Initials - S.R.C.
SLMC Reg.No - 27111
Membership No - W055
Qualification - MBBS(Sri Lanka)
Type of Practice - General Practice
Place of Practice - Lanka Hospital
Tel. (Off.) -
Home Address - 195/4,Madiwela Rd, Udahamulla, Nugegoda.
Tel.(Res.) -
Mobile No. - 0777335871
Email Address - wimansha@yahoo.com
Fax No -

Surname - Dr. Yohanathan
Initials - V.
SLMC Reg.No - 5383
Membership No - Y001
Qualification - MBBS(Cey),MCGP,DFM(Colombo)
Type of Practice - Family Practice
Place of Practice - Nawalapitiya Nursing Home, Nawalapitiya
Tel. (Off.) - 054 222388
Home Address - 2/14, Lane No. 5, Soysakalle, Nawalapitiya
Tel.(Res.) - 0542222688
Mobile No. - 0777 673580
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Surname	- (Mrs) Zanhari
Initials	- A.M.S.
SLMC Reg.No	- 12042
Membership No	- Z001
Qualification	- MBBS
Type of Practice	- Medical Officer, NTMI
Place of Practice	- National Transport Medical Institute, Nugegoda
Tel. (Off.)	- 011 2809306
Home Address	- 25, Sattissara Mw, Mount Lavinia
Tel.(Res.)	- 011 2739586
Mobile No.	- 0773 622522
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Fax No	-

Surname	-
Initials	-
SLMC Reg.No	-
Membership No	-
Qualification	-
Type of Practice	-
Place of Practice	-
Tel. (Off.)	-
Home Address	-
Tel.(Res.)	-
Mobile No.	-
Email Address	-
Fax No	-

Surname	-
Initials	-
SLMC Reg.No	-
Membership No	-
Qualification	-
Type of Practice	-
Place of Practice	-
Tel. (Off.)	-
Home Address	-
Tel.(Res.)	-
Mobile No.	-
Email Address	-
Fax No	-

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