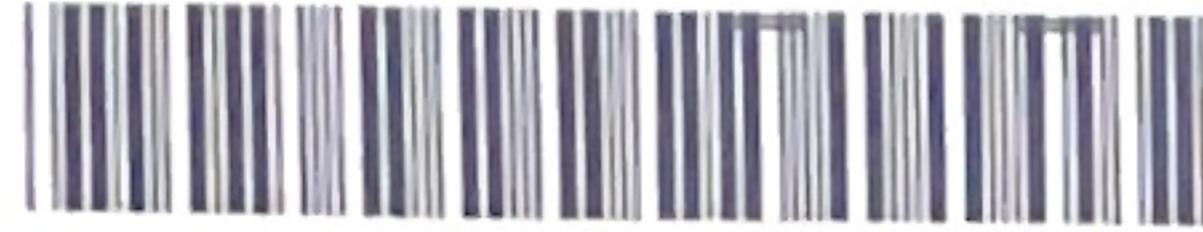




NOVOMED CENTERS LLC - AL BATEEN
312 KING ABDULLAH BIN ABDULAZIZ AL SAUD, AL BATEEN, ABU DHABI, UNITED ARAB EMIRATES
Phone : +971 2 222 2106, Email : callcenter@novomed.com

Prescription



| | | | |
|-------------------|--------------------|-------------------|---|
| Patient ID | HC00003669 | Patient Name | Mr. Ali Hassan Amin Shalwani |
| Mobile | 971528699965 | Gender / Age | Male / 28Y 2M 9D |
| Visit Date | 08/12/2025 | DOB | 29/09/1997 |
| Review Date | | Weight (Kg) | 86.7 |
| National ID | 784-1997-6160837-3 | Nationality | EMIRATI |
| Pharmacy Co-Pay % | | TPA Name | |
| Policy Expiry | | Insurance Name | |
| Policy/Card No | | Policy Name | |
| TPA Member Id | | Doctor Name | Dr. OSAMAH RASHEED ABDULLAH CONSULTANT UROLOGIST |
| eRX RefNo | | Hospital / Clinic | NOVOMED CENTERS LLC - AL BATEEN |

Allergies

No Known Allergies

DIAGNOSIS

| SI# | Diagnosis Level | Diagnosis Name | Onset Date | Entered by |
|-----|---------------------|--|------------|-------------------|
| 1 | Principal Diagnosis | N41.1 - Chronic prostatitis | | Osamah Al-Jumaily |
| 2 | Secondary Diagnosis | N40.1 - Benign prostatic hyperplasia with lower urinary tract symp | | Osamah Al-Jumaily |
| 3 | Secondary Diagnosis | R39.15 - Urgency of urination | | Osamah Al-Jumaily |
| 4 | Secondary Diagnosis | R30.0 - Dysuria | | Osamah Al-Jumaily |
| 5 | Secondary Diagnosis | R35.0 - Frequency of micturition | | Osamah Al-Jumaily |
| 6 | Secondary Diagnosis | N53.12 - Painful ejaculation | | Osamah Al-Jumaily |

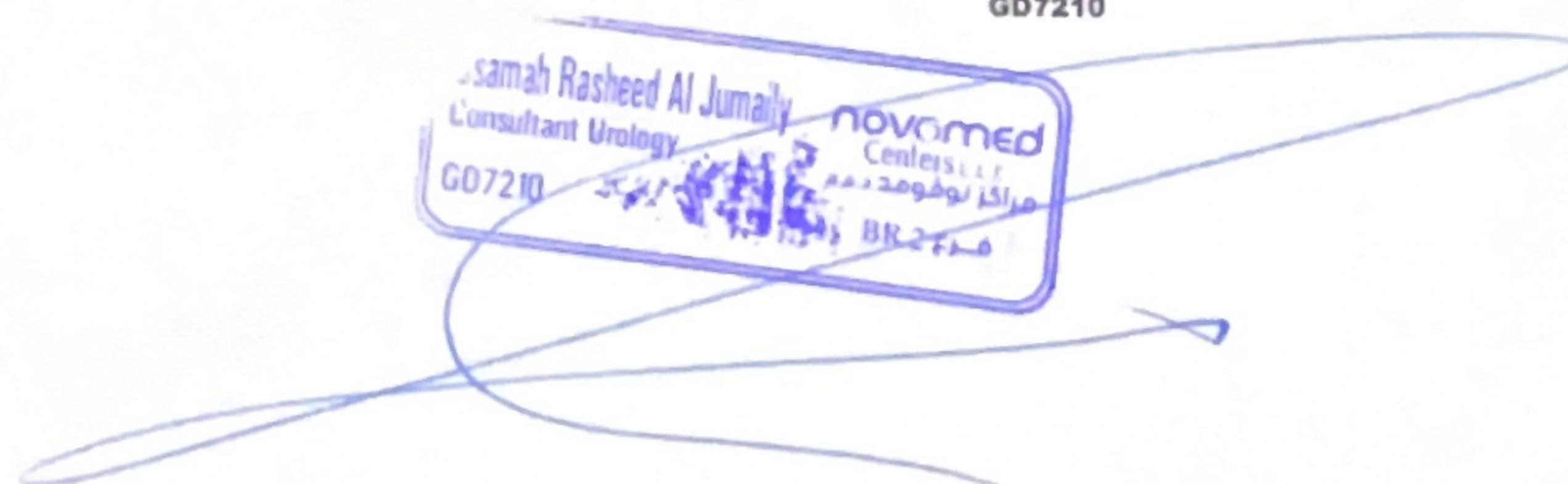
Prescription Details

| SI# | Medicine | Strength | Dosage | UOM | Frequency | Route | Period | Remarks | Total Qty | Clinical Findings |
|-----|---|----------|--------|-----|------------|-------|---------|------------|-----------|-------------------|
| 1 | (Moxifloxacin (As Hcl) : 400 Mg) Film Coated Tablets (Avalox 400Mg (7 Tabs)) | 400MG | 1 | Tab | 0-0-1 | ORAL | 28 Days | After Food | 28 | |
| 2 | Tadalafil 5Mg (Cialis 5Mg 28 Tablets) | 5 MG | 1 | Tab | ONCE A DAY | ORAL | 30 Days | At Night | 30 | |

Signature & Stamp

Printed Date :08/12/2025 06:32:54 PM

Dr. OSAMAH RASHEED ABDULLAH
, CONSULTANT UROLOGIST
GD7210



TAX INVOICE فاتورة ضريبة

Medicina Al Hosn-PL

ARE

Receipt number AUH013501009843

Transaction date 08/12/2025

Salesperson E01796

Doctor Name Dr. OSAMA AL JUMAILY

Patient name INVIALE SHALWANI

Customer TRN 45012345 A.E.

اسم العميل

شركة التسليم

رقم بطاقة التأمين

محل العمل

رقم الفاتورة

تاريخ الفاتورة

اسم الصيدلي

اسم الطبيب

اسم المربيض

الميل

Payer Name

Insurance Name

Member ID

Phone No.

Claim No.

Address

| Item ID | Product Name اسم المنتج | Batch-Expiry تاريخ الصلاحية | Price السعر | UOM единица | Qty الكمية | Approval No. | Discount الخصم | VAT% المضريبة | Net Total المبلغ الإجمالي |
|----------|-------------------------|-----------------------------|-------------|-------------|------------|--------------|----------------|---------------|---------------------------|
| 3330775 | CIALIS 5MG TAB 28S | D849774 | | | 1 | | | 354.00 | |
| 33330051 | AVALOX 400MG TAB 7S | ITA5ZCH | | | 4 | | | 502.00 | |
| | | | Total | | 5 | | | | 856.00 |

| Payment detail | Tendered |
|----------------------|-------------------|
| VISA | 856.00 |
| Payment Total | 856.00 |
| Gross Amount | السعيل الإجمالي |
| Discount | الخصم |
| Co-Payment | قيمة الدفع الجزئي |
| Patient Share | قيمة الدفع الجزئي |
| VAT | الضريبة |
| Net Amount | 856.00 |
| صلفي المتأخرة | |

Conditions of Use (الإخدام والشروط)

Return or Exchange will be accepted within 72 hours of online purchase.

Products to be returned must be in their original packaging along with the original price tags, labels and invoices.

Please note that the conditions for requesting return/refund depends on the type of product.

Customer Signature

Pharmacy Stamp