



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 |
| eRX RefNo | | Hospital / Clinic | CONSULTANT UROLOGIST |
| | | | NOVOMED CENTERS LLC - AL BATEEN |

Allergies

No Known Allergies

DIAGNOSIS

| Sl# | 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 |

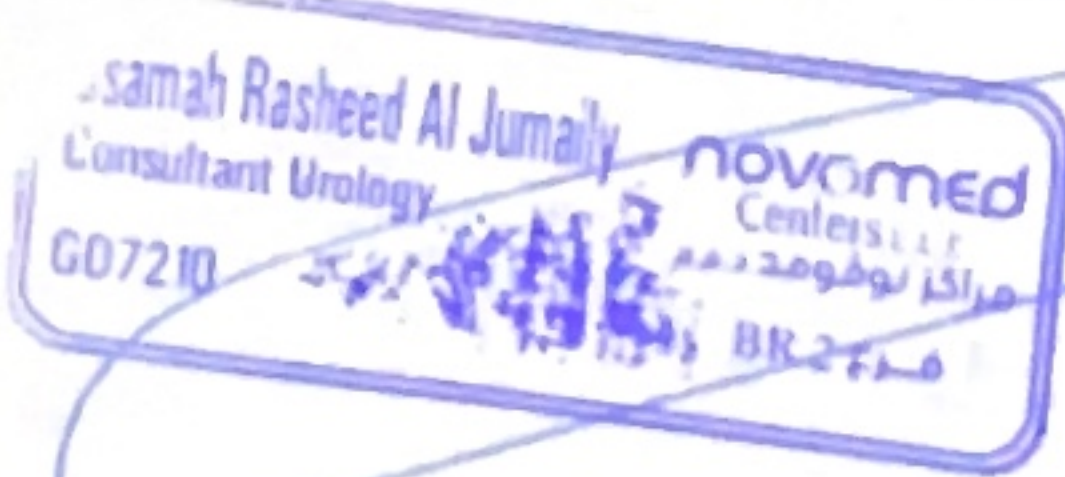
Prescription Details

| Sl# | 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 ضريبية

Medicina Al Hosn-PL

ARE

Receipt number AUH013501009843

Transaction date 08/12/2025

Salesperson

E01796

Doctor Name

Dr. OSAMA AL JUMAILY

Patient name

Dr. OSAMA AL JUMAILY

Customer TRN

PD Box: 11412
Abu Dhabi 2345 A.E

رقم الفاتورة تاريخ الفاتورة اسم الصيدلي اسم الطبيب اسم المريض TRN العميل

Payer Name Insurance Name Member ID Phone No. 0528699965 Claim No. Address

اسم العميل شركة التأمين رقم بطاقة التأمين هاتف العميل عنوان العميل

| Item ID | Product Name | Batch-Expiry | Price | UOM | Qty | Approval No. | Discount | VAT% | Net Total |
|----------|---------------------|--------------|-------|-----|-----|--------------|----------|------|-----------|
| 33307775 | 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 | | المبلغ الإجمالي |
| Discount | | الخصم |
| Co-Payment | | قيمة الدفع الجزئي |
| Patient Share | | قيمة الدفع الجزئي |
| VAT | 0.00 | الضريبة |
| Net Amount | 856.00 | صافي الفاتورة |

الأحكام والشروط/Terms & Conditions
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