GSM Medical Center Muaded Almazrouei Bdlg -1st floor - Al Satwa Rd - near Satwa Roundabout - Al Satwa

- Dubai

Tel: 04-8831002,04-8831003

Fax: 048831004



PRESCRIPTION

Patient Name	:	DARIA BOBROVA	AGE	:				
Address	:	Al barsha 1, villa 62	Mobile	:	+971 52 399 4210			
Medical Record #	:		Allergies	:	-			
Principal Diagnosis	:	ACUTE UPPER RES	ACUTE UPPER RESPIRATORY INFECTION (J06.9)					
Secondary Diagnosis	:							
Additional Remarks	:	DO SALT WATER GARGLE						

GENERIC/DOSE/FORM	STRENGTH	INSTRUCTIONS	QUANTITY	ROUTE OF ADMIN
ADOL/CAPLETS	500MG	1 TABLET, 3 TIMES/DAY FOR 5 DAYS	15	PO
ARTIZ/TABLETS	10MG	1 TABLET, 1 TIME/DAY FOR 5 DAYS, BEFORE BEDTIME	5	PO
KOFLET/SYRUP		10ML, 2 TIMES/DAY FOR 7 DAYS	2	PO

Doctor Name License Number Date Signature & Stamp

Dr. Supriya Anand 25580547-001 10-JUNE-2023



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Date: 10-JUNE-2023

SICK LEAVE CERTIFICATE

Name: **DARIA BOBROVA** Age: **Years**

Telephone: +971 52 399 4210 Insurance: Cash

This is to certify that **DARIA BOBROVA** is suffering from **ACUTE UPPER RESPIRATORY INFECTION**. She is not fit to attend work yet, advised to take rest for **03** DAY with effect from **10-JUNE-2023**.

Sincerely Yours,

Dr. Supriya Anand

