

## Sick Leave Certificate

### شهادة إجازة مرضية

Date: 17-05-2023 تاريخ:

Patient Information		
Patient Name	ANA LOU KATRINA BELBELONE NABRE	اسم المريض
Patient File No.	14322	رقم ملف المريض
Visit Type	Outpatient	نوع الزيارة
Date of Admission	N/A	تاريخ الدخول
Date of Discharge	N/A	تاريخ الخروج
Patient Passport No/Emirates ID	N/A / 784-1996-6973797-7	رقم بطاقة الهوية / رقم جواز السفر
Employer	Private	جهة العمل
Employer Name	STEP UP NURSERY	إسم جهة العمل

Sick Leave Information		
Diagnosis - ICD Code	Infectious colitis, enteritis, and gastroenteritis (A09) (A09),Hyperthermia (R50.9) (R50.9),Esophageal reflux (K21.9) (K21.9),Nausea and vomiting (R11.2) (R11.2)	اسم ورقم التشخيص
Sick Leave From, To	17-05-2023, 19-05-2023	الإجازة المرضية من , إلى
Sick Leave Period	3	مدة الإجازة المرضية
Physician Remarks		ملاحظات الطبيب

Physician Information		
Physician Name	Attiya Nisar	اسم الطبيب
Physician Title	General Practitioner-General Practice	تخصص الطبيب
Facility Name	Gsm Medical Center LLC	اسم المنشأة

Physician Signature		توقيع الطبيب
Physician Stamp		ختم الطبيب



#### Remarks:

- This certificate is electronically issued and does not require a DHA stamp or attending DHA for manual attestation.
- For the purpose of verification of this certificate, please visit DHA Website: <https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-verification> and enter the Security code & Certificate No. mentioned below.

#### ملاحظات:

- يتم إصدار هذه الشهادة إلكترونياً ولا تتطلب ختم الهيئة أو الحضور لتصديقها
- لغرض التحقق من هذه الشهادة , يرجى زيارة موقع هيئة الصحة بدبي: <https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-verification> وإدخال رمز و رقم الشهادة المذكورين أدناه.

CP\_9.3 F-06

PIN: 7213



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- \* This document can't be used for dispensing
- \* This document can be used for dispensing outside the emirate of Dubai with the proper stamps and signature

ID	Reference Number	Prescription Date	Plan	Member ID	Clinician ID
DH (F)000 E02-INS012-20210171 9311	91868365	17/05/2023	OIC - Oman Insurance Company	OIG/ME-101794/E/9976068	DHA-P-53383490
Comments:					

Type	Diagnosis
Principal	A09 - Infectious gastroenteritis and colitis, unspecified
Secondary	R50.9 - Fever, unspecified
Secondary	R11.2 - Nausea with vomiting, unspecified
Secondary	K21.9 - Gastro-esophageal reflux disease without esophagitis

Show 1 to 4 of 4 entries

Drug	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
145-4814	6594-608705-0831 - ASHROLYTE O.R.S- COLA FLAVOUR, 10X21.8G, 2.6 G(1.5 G)2.9 G(13.5 G, POWDER FOR SOLUTION	Posted	-	4	8.00	0.00	0.00	Take 1 SACHET(s), 2 Time(s) per Day For 4 Day(s).IN 1LITRE OF WATER	ORAL	0
145-4815	168201-117 - DOMPERIDONE : 10 MG) TABLETS	Posted	-	7	21.00	0.00	0.00	Take 1 TABLET(s), 3 Time(s) per Day For 7 Day(s).BEFORE MEAL	ORAL	0
145-4816	C788-106705-1171 - PANADOL COLD & FLU, 24'S, 2 MG(500 13)30 MG, TABLETS, SMITHKLINE BEECHAM	Posted	-	4	24.00	0.00	0.00	Take 2 TABLET(s), 3 Time(s) per Day For 4 Day(s).FOR FEVER	ORAL	0
145-4817	136501-117 - HYOSCINE : 10 MG) TABLETS	Posted	-	3	6.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 3 Day(s).FOR ABDOMINAL PAIN	ORAL	0
145-4818	232402-039 - ESOMEPRAZOLE : 30 MG) FILM COATED TABLETS	Posted	-	7	14.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 7 Day(s).BEFORE MEAL	ORAL	0
Total:						0.00	0.00			

Show 1 to 5 of 5 entries

