

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

Details					
ID:	Reference Number	Prescription Date:	Plan:	Member ID:	Clinician ID:
DHA-F-0000802-TPA029-20230707175544	94634007	07/07/2023	AI Sagr National Insurance Company/E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC	I011-029-118933367-01	DHA-P-25580547
Denial:		Comments:			

Diagnoses:

Type	Diagnosis
Principal	E86.0 - Dehydration
Secondary	R51.9 - Headache, unspecified
Secondary	R11.0 - Nausea

Showing 1 to 3 of 3 entries

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14700648	0067-142201-0392 - K-FLAM, 20'S, 50 MG, FILM COATED TABLETS, NEOPHARMA, UAE	Posted	-	5	15.00	0.00	0.00	Take 1 TABLET(s), 3 Time(s) per Day For 5 Day(s).	ORAL	0
14700649	0097-230603-0831 - ORS - REDUCED OSMOLARITY (ORANGE FLAVOUR), 10'S, N/A, POWDER FOR SOLUTION, NATIONAL PHARMACEUTICAL INDUSTRIES CO. (SAOG), OMAN	Posted	-	3	6.00	0.00	0.00	Take 1 SACHET(s), 2 Time(s) per Day For 3 Day(s).	ORAL	0
14700650	0031-168201-0391 - DOMPY , 30'S, 10 MG, FILM COATED TABLETS, JAMJOOM PHARMACEUTICALS	Posted	-	3	6.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 3 Day(s).	ORAL	0
Total:						0.00	0.00			

Showing 1 to 3 of 3 entries

GSM Medical Center
Muaded Almazrouei Bdlg -
1st floor - Al Satwa Rd - near
Satwa Roundabout - Al Satwa
- Dubai
Tel: 04-8831002,04-8831003
Fax: 048831004



Date: 07-JULY-2023

SICK LEAVE CERTIFICATE

Name: **Maricris Macaraig Catoy**

Age: **31 Years**

Telephone: **+971 56 499 2699**

Insurance: **E-Care**

This is to certify that **Maricris Macaraig Catoy** is suffering from **Dehydration with Nausea**. She is not fit to attend work yet, advised to take rest for **03 DAYS** with effect from **07-JULY-2023**.

Sincerely Yours,

Dr. Supriya Anand

