

## Sick Leave Certificate

### شهادة إجازة مرضية

Date: 10-03-2023 تاريخ:

Patient Information		
Patient Name	Ma Fatima De Vera De Guzman	اسم المريض
Patient File No.	11881	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 / 784-1993-5599132-6	رقم بطاقة الهوية / رقم جواز السفر
Employer	Private	جهة العمل
Employer Name	National Taxi LLC	إسم جهة العمل

Sick Leave Information		
Diagnosis - ICD Code	Stage III hemorrhoids (K64.2) (K64.2)	اسم ورقم التشخيص
Sick Leave From, To	10-03-2023, 10-03-2023	الإجازة المرضية من , إلى
Sick Leave Period	1	مدة الإجازة المرضية
Physician Remarks	Sick Leave is valid from 05/03/2023 to 09/03/2023	ملاحظات الطبيب

Physician Information		
Physician Name	Supriya Anand	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: 5866



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**GSM MEDICAL CENTER**  
**DIP 1, GREEN COMMUNITY, EUROPEAN**  
**BUSSINESS CENTER**  
**GROUND FLOOR SHOP NO: 29**  
**Tel : 04-8831002, 04-8831003 Fax :**  
**048831004**



### Patient Details

<b>Medical Record #</b>	: 11881	<b>Patient Name</b>	: Ma Fatima De Guzman	<b>DOB</b>	: 01-Jan-1900
<b>Age</b>	: 123 Years	<b>Gender</b>	:	<b>Nationality</b>	: Philippine
<b>Telephone #</b>	:	<b>Address</b>	:	<b>Attending Physician</b>	: Dr. Supriya Anand
<b>Date of Admission</b>	: 10-Mar-2023	<b>IPD</b>	:	<b>OPD</b>	:

## Referral Form

**Referral Date \*** : 10-Mar-2023  
**Referred to** : General Surgeon  
**Patient's Medical Record #** : 11881  
**Type** : ☐ Emergency ☐ Urgent ☒ Routine

- Kindly find the attached medical documents to the form.

**Reason for Referral** : Haemorrhoid

### Summary of Presentation :

#### History :

Patient has pain and bleeding from haemorrhoid since last 5 days. Patient first consulted on 05.03.2023 when medication was prescribed to her but they gave minimal relief.

#### Physical Examination :

#### Investigations :

**Provisional Diagnosis :** Stage III Haemorrhoid with Bleeding

**Recommendations :** Advised patient to visit a General Surgeon for surgical management of the haemorrhoid

**Medications :** (Patient need to bring all medications to the appointment) Hemoclin gel with Maxigesic tablet

**Referring Doctor Stamp** :



**Signature :**

**Referral Source Name** : Dr. Supriya Anand **Tel #** : **Fax #** :

**Address** :

Address: DIP, Green Community, EBC G29, PO Box: 473510, Dubai, UAE Tel: +971 4 8831002 / 003  
 Fax: +971 4 8831004 Email: info@gsmmedicalcenter.com