

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 | : | JOWENARD CASTRO | AGE | : | 31 YEARS |
| Address | : | 54 HOR AL ANZ | Mobile | : | +971 50 930 1686 |
| Medical Record # | : | | | | |
| Principal Diagnosis | : | ACUTE GASTROENTERITIS (K52.9) | | | |
| Secondary Diagnosis | : | | | | |
| Additional Remarks | : | | | | |

| GENERIC/DOSE/FORM | STRENGTH | INSTRUCTIONS | QUANTITY | ROUTE OF ADMIN |
|-----------------------|----------|--|----------|----------------|
| BUSCOPAN/TABLET | 10MG | 1 TABLET, 3 TIMES/DAY FOR 3 DAYS | 9 | PO |
| IMODIUM/TABLET | 2MG | 2 TABLETS STAT, FOLLOWED BY 1 TABLET, 2 TIMES/DAY FOR 3 DAYS | 8 | PO |
| ORS SOLUTION (ORANGE) | | MIX 1 PACKET IN 1L WATER AND CONSUME OVER 24 HOURS, FOR 3 DAYS | 3 | PO |
| | | | | |
| | | | | |
| | | | | |

Doctor Name
 Dr. Supriya Anand

License Number
 25580547-001

Date
 12-MAY-2023

Signature & Stamp


 Dr. Supriya Anand
 General Practitioner
 DHA LIC. NO. 25580547-001
 GSM MEDICAL CENTER L.L.C
 Mob: 058 9261206 TEL: 04 23999313

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Date : 11-MAY-2023

SICK LEAVE CERTIFICATE

Name: **JOWENARD CASTRO**

Age: **31 Years**

Telephone: **+971 50 930 1686**

Insurance: **CASH**

This is to certify that **JOWENARD CASTRO** is suffering from **ACUTE GASTROENTERITIS**. He has been getting treatment since **11-MAY-2023**. He is not fit to work, advised to take rest for **02 DAYS** with effect from **11-MAY-2023**.

Sincerely Yours,

Dr. Supriya Anand

