

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

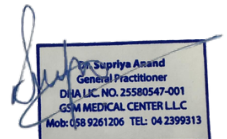


PRESCRIPTION

Patient Name	:	Jeannie Rose Silang	AGE	:	32 YEARS
Address	:	Al Jazira Al Hamra	Mobile	:	+971 56 795 0829
Medical Record #	:		Allergies	:	-
Principal Diagnosis	:	ACUTE UPPER RESPIRATORY INFECTION (J06.9)			
Secondary Diagnosis	:				
Additional Remarks	:	Do Salt Water Gargle			

GENERIC/DOSE/FORM	STRENGTH	INSTRUCTIONS	QUANTITY	ROUTE OF ADMIN
AZIJUB/TABLET	250MG	1 TABLET, 2 TIMES/DAY FOR 3 DAYS	6	PO
ARTIZ/TABLET	10MG	1 TABLET, 1 TIME/DAY FOR 5 DAYS, BEFORE BEDTIME	5	PO
BRUFEN/TABLET	400MG	1 TABLET, 2 TIMES/DAY FOR 5 DAYS	10	PO
KOFLET/SYRUP		1 TABLESPOON, 2 TIMES/DAY FOR 7 DAYS	1	PO

Doctor Name	License Number	Date	Signature & Stamp
Dr. Supriya Anand	25580547-001	06-JUNE-2023	



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Date: 06-JUNE-2023

SICK LEAVE CERTIFICATE

Name: **Jeannie Rose Silang**

Age: **32 Years**

Telephone: **+971 56 795 0829**

Insurance: **Cash**

This is to certify that **Jeannie Rose Silang** is suffering from **Acute Upper Respiratory Infection**. She is not fit to attend work yet, advised to take rest for **01 DAY** with effect from **06-JUNE-2023**.

Sincerely Yours,

Dr. Supriya Anand

