

Electronic Prescription Reference

* 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-INS018-20230524151520	92278591	24/05/2023	NOOR TAKAFUL FAMILY/NAS Administration Services Limited	5392-543F-EF5E-5FAD	DHA-P-25580547
Denial:	Comments:				

Diagnoses:

Type	Diagnosis
Principal	J06.9 - Acute upper respiratory infection, unspecified
Secondary	R50.9 - Fever, unspecified
Showing 1 to 2 of 2 entries	

Drugs:

Drugs:

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14567918	0031-127402-1451 - AZI-ONCE 250MG, 6'S, 250 MG, CAPSULES (HARD GELATIN), JAMJOOM PHARMACEUTICALS	Posted	-	3	6.00	0.00	0.00	Take 1 CAPSULE(s), 2 Time(s) per Day For 3 Day(s).	ORAL	0
14567919	0070-148701-1171 - CLARITINE , 10'S, 10 MG, TABLETS, SCHERING	Posted	-	7	7.00	0.00	0.00	Take 1 TABLET(s), 1 Time(s) per Day For 7 Day(s), BEFORE BEDTIME.	ORAL	0
14567920	0120-107901-1172 - BRUFEN , 25'S, 200 MG, TABLETS, BOOTS-ENGLAND.	Posted	-	5	15.00	0.00	0.00	Take 1 TABLET(s), 3 Time(s) per Day For 5 Day(s).	ORAL	0
14567921	0250-125820-3931 - BETADINE MOUTHWASH GARGLE, 250ML, 1%, MOUTHWASH-SOLUTION, MUNDIPHARMA	Posted	-	5	1.00	0.00	0.00	Gargle 2 Time(s) per Day For 5 Day(s).	LOCAL ORAL	0
Total:						0.00	0.00			

Showing 1 to 4 of 4 entries


Dr. Anupriya Anand
 General Practitioner
 DHA LIC. NO. 25580547-001
 GSM MEDICAL CENTER LLC
 Mob: 058 9261206 TEL: 04 2399313

Sick Leave Certificate

شهادة إجازة مرضية

Date: 24-05-2023 تاريخ:

Patient Information		
Patient Name	Dae Abigael Salazar	اسم المريض
Patient File No.	14549	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 / 784-1989-5794636-5	رقم بطاقة الهوية / رقم جواز السفر
Employer	Private	جهة العمل
Employer Name	TASC OUTSOURCING LABOUR SERVICES INC	إسم جهة العمل

Sick Leave Information		
Diagnosis - ICD Code	Acute upper respiratory infection (J06.9) (J06.9),Fever (R50.9) (R50.9)	اسم ورقم التشخيص
Sick Leave From, To	24-05-2023, 25-05-2023	الإجازة المرضية من , إلى
Sick Leave Period	2	مدة الإجازة المرضية
Physician Remarks		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: ملاحظات:

- This certificate is electronically issued and does not require a DHA stamp or attending DHA for manual attestation. - يتم إصدار هذه الشهادة إلكترونياً ولا تتطلب ختم الهيئة أو الحضور لتصديقها

- 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. - 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: 1787



1684941553350