

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



**Date : 10-May-2023**

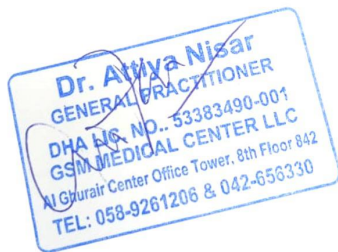
## **CERTIFICATE**

Name: Marianne Rose Jaramillo : Age : **30-DEC-1989**  
Company : : TelephoNE: 971565322449 :  
Insurance : **Cash** No : **A00001**

This is to certify that the above named patient is suffering from ACUTE RESPIRATORY INFECTION .She is getting treatment since 10-**MAY-2023**. SHe is not fit TO WORK, advised to take rest for **01** DAYS days with effect from 10-**MAY-2023**.

**Sincerely Yours,**

**Dr.ATTIYA NISAR**





**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**

<b>Patient Name</b>	:	Marianne Rose Jaramillo	<b>AGE</b>	:	<b>34YRS</b>
<b>Address</b>	:		<b>Mobile</b>	:	971565322449
<b>Medical Record #</b>	:				
<b>Principal Diagnosis</b>	:	ACUTE RTI(J06.9)			
<b>Secondary Diagnosis</b>	:	PAIN (R52) FEVER (R50.9) COUGH (R05) GERD (K21.9)			
<b>Unlimited Storage</b>	:				
<b>Live Meeting</b>	:				

GENERIC/DOSE/FORM	STRENGTH	INSTRUCTIONS	QUANTITY	ROUTE OF ADMIN
CETRIZINE/TAB	10MG	1 TAB/1TIMES /DAY/7 DAYS AT BED TIME	07	PO
PANADOL/TAB	500MG`	2TAB/3TIMES/DAY/5DAYS FOR FEVER	7	PO
AUGMENTIN/TAB	625MG	1 TAB/2 TIMES/DAY FOR 5 DAYS	10	PO
ZECUF/SYRUP	-	2 TSF 3 TIMES A DAY FOR COUGH	01	PO
ESOMEPRAZOLE/CAP	20MG	1TAB/2 TIMES/DAY FOR 7 DAYS BEFORE MEAL	14	PO
BONJELA/GEL	-	APPLY ON MOUTH ULCERS	01	PO

**Doctor Name**

Dr. Attiya Nisar

**License Number**

53383490-001

**Date**

04-May-2023

**Signature & Stamp**