

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-TPA004-20230709104912	94707597	09/07/2023	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
Secondary	R05 - Cough
Showing 1 to 3 of 3 entries	

Drugs:

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14704673	0271-397401-1161 - KOFLET SYRUP, 100ML, 35 MG/5ML 15 MG/5ML 20 MG/5ML 15 MG/5ML 9 MG/5ML 9 MG/5ML 1.25 MG/5ML 35 MG/5ML 25 MG/5 ML 25 MG/5 ML 15 MG/5ML 10 MG/5ML 10 MG/5ML 8 MG/5ML 8 MG/5ML 8 MG/5ML 3 MG/5ML, SYRUP, THE HIMALAYA DRUG COMPANY	Posted	-	5	2.00	0.00	0.00	Take 10ML(s), 3 Time(s) per Day For 5 Day(s).	ORAL	0
14704674	5363-863401-1171 - FLUDREX, 24'S, 400 MG 30 MG 32 MG 3 MG, TABLETS	Posted	-	5	15.00	0.00	0.00	Take 1 TABLET(s), 3 Time(s) per Day For 5 Day(s).	ORAL	0
14704675	0195-123701-0391 - ARTIZ , 10'S, 10 MG, FILM COATED TABLETS, TABUK PHARMACEUTICAL MANUFACTURING CO.	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
14704676	0027-128802-2021 - OTRIVIN (ADULT), 10ML, 0.1%, NASAL DROPS, NOVARTIS	Posted	-	5	1.00	0.00	0.00	Take 1 SPRAY IN EACH NOSTRIL(s), 2 Time(s) per Day For 5 Day(s).	NASAL	0
Total:						0.00	0.00			



Sick Leave Certificate

شهادة إجازة مرضية

Date: 09-07-2023 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),Cough (R05) (R05)	اسم ورقم التشخيص
Sick Leave From, To	09-07-2023, 11-07-2023	الإجازة المرضية من , إلى
Sick Leave Period	3	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:

- 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: 6358



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