

- * 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-INS012-20230704152731	94461186	04/07/2023	OIC - Oman Insurance Company	OIG/ME-135025/E/10387438	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

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14690470	1307-127402-1451 - ZITHROMAX 250MG, 6'S, 250 MG, CAPSULES (HARD GELATIN), PFIZER	Posted	-	3	6.00	0.00	0.00	Take 1 CAPSULE(s), 2 Time(s) per Day For 3 Day(s).	ORAL	0
14690471	0195-123701-0391 - ARTIZ , 10'S, 10 MG, FILM COATED TABLETS, TABUK PHARMACEUTICAL MANUFACTURING CO.	Posted	-	5	5.00	0.00	0.00	Take 1 TABLET(s), 1 Time(s) per Day For 5 Day(s), BEFORE BEDTIME	ORAL	0
14690472	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
Total:						0.00	0.00			

Showing 1 to 3 of 3 entries

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



Date: 04-JULY-2023

SICK LEAVE CERTIFICATE

Name: **Abelyn Villagracia**

Age: **31 Years**

Telephone: **+971 58 539 0881**

Insurance: **Oman Insurance**

This is to certify that **Abelyn Villagracia** is suffering from **Acute upper respiratory Infection with Fever**. She is not fit to attend work yet, advised to take rest for **02 DAYS** with effect from **04-JULY-2023**.

Sincerely Yours,

Dr. Supriya Anand

