

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 | : | Aditya Pradhan | AGE | : | 28 YEARS |
| Address | : | Flat 303 Buhaliba Plaza Al Muraqqabat | Mobile | : | +971 50 792 1612 |
| Medical Record # | : | 15278 | Allergies | : | - |
| Principal Diagnosis | : | ACUTE UPPER RESPIRATORY INFECTION (J06.9) | | | |
| Secondary Diagnosis | : | FEVER (R50.9) | | | |
| Additional Remarks | : | DO SALT WATER GARGLE | | | |

| GENERIC/DOSE/FORM | STRENGTH | INSTRUCTIONS | QUANTITY | ROUTE OF ADMIN |
|----------------------|-------------------|----------------------------------|----------|----------------|
| AZIJUB/TABLETS | 250MG | 1 TABLET, 2 TIMES/DAY FOR 3 DAYS | 6 | PO |
| ARTIZ/TABLETS | 10MG | 1 TABLET, 1 TIME/DAY FOR 7 DAYS | 7 | PO |
| MAXIGESIC PE/TABLETS | 500MG/150MG/2.5MG | 1 TABLET, 3 TIMES/DAY FOR 5 DAYS | 15 | PO |
| | | | | |
| | | | | |
| | | | | |

Doctor Name
 Dr. Supriya Anand

License Number
 25580547-001

Date
 18-JULY-2023

Signature & Stamp

Dr. Supriya Anand
 General Practitioner
 DHA LIC. NO. 25580547-001
 GSM MEDICAL CENTER LLC
 Mob: 058 9261206 TEL: 04 23999313

Sick Leave Certificate

شهادة إجازة مرضية

Date: 18-07-2023 تاريخ:

| Patient Information | | |
|---------------------------------|------------------------------|-----------------------------------|
| Patient Name | Aditya Pradhan Nagen Pradhan | اسم المريض |
| Patient File No. | 15278 | 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 / 784-1994-5376807-1 | رقم بطاقة الهوية / رقم جواز السفر |
| Employer | Private | جهة العمل |
| Employer Name | Brands for Less | إسم جهة العمل |

| Sick Leave Information | | |
|------------------------|---|--------------------------|
| Diagnosis - ICD Code | Acute upper respiratory infection (J06.9) (J06.9), Fever, unspecified (R50.9) (R50.9) | اسم ورقم التشخيص |
| Sick Leave From, To | 18-07-2023, 18-07-2023 | الإجازة المرضية من , إلى |
| Sick Leave Period | 1 | مدة الإجازة المرضية |
| Physician Remarks | LEAVE IS VALID FROM 17.07.2023 TO 18.07.2023 | 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: 1640



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