

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 | : | Claudine Ann Tadeo | AGE | : | 29 YEARS |
| Address | : | | Mobile | : | +971 55 461 4348 |
| Medical Record # | : | | | | |
| Principal Diagnosis | : | ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED J06.9 | | | |
| Secondary Diagnosis | : | MALAISE R53.81 | | | |
| Unlimited Storage | : | | | | |
| Live Meeting | : | | | | |

| GENERIC/DOSE/Form | STRENGTH | INSTRUCTIONS | QUANTITY | ROUTE OF ADMIN |
|-----------------------|----------|---|----------|----------------|
| AZITHROMYCIN/CAPSULE | 250MG | 1 CAPSULE, 2 TIMES/DAY FOR 5 DAYS | 10 | PO |
| CHLORASEPTIC LOZENGES | 6MG/10MG | TAKE 1 UNIT WHENEVER THROAT PAIN, MAXIMUM 3/DAY | 10 | PO |
| CETRIZINE/TABLET | 10MG | 1 TABLET, 1 TIME/DAY FOR 5 DAYS, BEFORE BEDTIME | 5 | PO |
| PARACETAMOL/TABLET | 500MG | 1 TABLET, 2 TIMES/DAY FOR 5 DAYS | 10 | PO |
| | | | | |
| | | | | |

| | | | |
|--------------------|-----------------------|-------------|------------------------------|
| Doctor Name | License Number | Date | Signature & Stamp |
| Dr. Supriya Anand | 25580547-001 | 13-Feb-2023 | |

Dr. Supriya Anand
General Practitioner
DHA LIC. NO. 25580547-001
GSM MEDICAL CENTER LLC
Mob: 058 9261206 TEL: 04 2399913

Sick Leave Certificate

شهادة إجازة مرضية

Date:


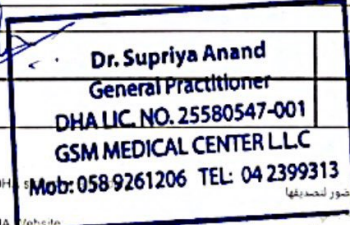
13-02-2023

تاريخ:

| Patient Information | | |
|---------------------------------|--|-----------------------------------|
| Patient Name | CLAUDINE ANN MACAPINLAC TADEO | اسم المريض |
| Patient File No. | 10885 | 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 / 784199324632183 | رقم بطاقة الهوية / رقم جواز السفر |
| Employer | Private | جهة العمل |
| Employer Name | Behavior Enrichment Child Therapy Center | إسم جهة العمل |

| Sick Leave Information | | |
|------------------------|--|--------------------------|
| Diagnosis - ICD Code | Acute upper respiratory infection (J06.9) (J06.9), Malaise (R53.81) (R53.81) | اسم ورقم التشخيص |
| Sick Leave From, To | 13-02-2023, 15-02-2023 | 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 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.

- يتم إصدار هذه الشهادة إلكترونياً ولا تتطلب ختم الهيئة أو الختم اليدوي لها.
- لغرض التحقق من هذه الشهادة، يرجى زيارة موقع هيئة الصحة: <https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-verification> وإدخال رمز و رقم الشهادة المذكورين أدناه.

ملاحظات:

CP_9.3 F-06

PIN: 4331



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