

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-TPA004-20230324121349	89074585	24/03/2023	ISLAMIC ARAB INSURANCE COMPANY (SALAMA)/NAS Administration Services Limited	T1L3-N1MM-VMVN-PVAE	DHA-P-25580547
Denial:		Comments:			

Diagnoses:	
Type	Diagnosis
Principal	A09 - Infectious gastroenteritis and colitis, unspecified
Secondary	R11.2 - Nausea with vomiting, unspecified
Secondary	R19.7 - Diarrhea, unspecified
Showing 1 to 3 of 3 entries	

Drugs:

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14369880	0042-136501-1173 - BUSCOPAN, 20'S, 10 MG, TABLETS, BOEHRINGER INGELHEIM PHARMA	Posted	-	5	10.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 5 Day(s).	ORAL	0
14369881	0031-168201-0391 - DOMPY , 30'S, 10 MG, FILM COATED TABLETS, JAMJOOM PHARMACEUTICALS	Posted	-	3	9.00	0.00	0.00	Take 1 TABLET, 3 Time(s) per Day For 3 Day(s), 30 MINUTES BEFORE FOOD.	ORAL	0
14369882	0097-230603-0831 - ORS - REDUCED OSMOLARITY (ORANGE FLAVOUR), 10'S, N/A, POWDER FOR SOLUTION, NATIONAL PHARMACEUTICAL INDUSTRIES CO. (SAOG), OMAN	Posted	-	3	9.00	0.00	0.00	Take 1 SACHET(s), 3 Time(s) per Day For 3 Day(s).	ORAL	0
14369883	0415-200001-1451 - IMODIUM , 60'S, 2 MG, CAPSULES (HARD GELATIN), JANSSEN	Posted	-	3	6.00	0.00	0.00	Take 2 CAPSULES AT FIRST, FOLLOWED BY 1 CAPSULE(s), 2 Time(s) per Day For 3 Day(s).	ORAL	0
Total:						0.00	0.00			

Showing 1 to 4 of 4 entries

Dr. Safiya Ahmad
General Practitioner
GSM LIC NO. 15080547-001
GSM MEDICAL CENTER LLC
Dubai, UAE
04/03/2023 12:14

Sick Leave Certificate

شهادة إجازة مرضية

Date: 24-03-2023 تاريخ:

Patient Information		
Patient Name	Ronesa Mae Mendoza Guirre	اسم المريض
Patient File No.	12405	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 / 784-1994-8812629-5	رقم بطاقة الهوية / رقم جواز السفر
Employer	Private	جهة العمل
Employer Name	Petzone veterinary clinic	إسم جهة العمل

Sick Leave Information		
Diagnosis - ICD Code	Infectious colitis, enteritis, and gastroenteritis (A09) (A09), Nausea with vomiting (R11.2) (R11.2), Diarrhea, unspecified (R19.7) (R19.7)	اسم ورقم التشخيص
Sick Leave From, To	24-03-2023, 25-03-2023	الإجازة المرضية من , إلى
Sick Leave Period	2	مدة الإجازة المرضية
Physician Remarks	Sick Leave Certification is valid from 23.03.2023 to 25.03.2023	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: 2394



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