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	:	Mehdi Dallahi	AGE	:	37 YEARS			
Address	:		Mobile	:	+971 50 276 3337			
Medical Record #	:		Allergies	:	-			
Principal Diagnosis	:	PAIN IN RIGHT KNEE (M25.561)						
Secondary Diagnosis	:							
Additional Remarks	:	DO COLD COMPRESS						

GENERIC/DOSE/FORM	STRENGTH	INSTRUCTIONS	QUANTITY	ROUTE OF ADMIN
PROXEN/TABLET	500MG	1 TABLET, 2 TIMES/DAY FOR 5 DAYS	10	PO
MYONAL/TABLET	50MG	1 TABLET, 1 TIME/DAY FOR 7 DAYS, BEFORE BEDTIME	7	PO
DICLOGESIC/GEL	1%	1 APPLICATION, 3 TIMES/DAY FOR 7 DAYS	1	TOPICAL

Doctor Name License Number Date Signature & Stamp

Dr. Supriya Anand 25580547-001 18-JULY-2023



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Date: 17-JULY-2023

SICK LEAVE CERTIFICATE

Name: **MEHDI DALLAHI** Age: **37 Years**

Telephone: +971 50 276 3337 Insurance: CASH

This is to certify that **MEHDI DALLAHI** is suffering from **PAIN IN RIGHT KNEE**. He is not fit to attend work yet, advised to take rest for **02** DAYS with effect from **17-JULY-2023**.

Sincerely Yours,

Dr. Supriya Anand

