

## 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

<b>ID:</b>	<b>Reference Number</b>	<b>Prescription Date:</b>	<b>Plan:</b>	<b>Member ID:</b>	<b>Clinician ID:</b>
DHA-F-0000802-TPA004-20230630130630	94257413	30/06/2023	NATIONAL LIFE AND GENERAL INSURANCE COMPANY SAOC/NAS ADMINISTRATION SERVICES LIMITED	4144-CC4C-DCDR-IDEA	DHA-P-25580547
<b>Denial:</b>		<b>Comments:</b>			

### Diagnoses:

Type	Diagnosis
Principal	K21.9 - Gastro-esophageal reflux disease without esophagitis
Secondary	R52 - Pain, unspecified
Secondary	R12 - Heartburn

Showing 1 to 3 of 3 entries

### Drugs:

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14678233	0137-242802-0342 - PANTOLOC 40MG, 30'S, 40 MG, ENTERIC COATED TABLETS, SAUDI ARABIAN JAPANESE PHARMACEUTICAL CO. LTD (SAJA)	Posted	-	60	60.00	0.00	0.00	Take 1 TABLET(s), 1 Time(s) per Day For 60 Day(s).	ORAL	0
14678234	1267-141604-0082 - MAALOX PLUS, 40'S, 200 MG 200 MG 25 MG, CHEWABLE TABLETS, SANOFI-AVENTIS	Posted	-	30	60.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 30 Day(s).	ORAL	0
<b>Total:</b>						<b>0.00</b>	<b>0.00</b>			

Showing 1 to 2 of 2 entries



# CONSULTATION FORM

نموذج الاستشارة



Dear Doctor, for your prescription, you are kindly requested to fill the Prescription/Advice Form along with the patient's information.

## PATIENT INFORMATION

PATIENT NAME	Roselyn Gineza	GENDER	Female
DATE OF BIRTH	23-Jun-1980	PAYER	National General Insurance
EMBR	EC3R-2100-000-200A		

CLINICAL INFORMATION ACUTE ☒ CHRONIC ☐ PRE-EXISTING ☐ INJURY ☐

DIAGNOSIS Gastro-esophageal reflux disease / oesophagitis, Pain. (K219, R52)

REASON FOR CONSULTATION Epigastric pain on/off since 3-4 weeks. Associated w/ nausea. Pain radiating to back.

CLINICAL FINDINGS Mild tenderness on rt. hypochondrium. Vitals stable. Bowel sound present.

REMARKS Medication Prescribed. Suggested X Ray Abdomen.

TREATING PHYSICIAN	Dr. Supriya Anand		
HOSPITAL / CLINIC	GSM Medical Centre LLC - Dubai		
CONSULTATION DETAILS	NEW <input checked="" type="checkbox"/>	FOLLOW-UP <input type="checkbox"/>	CONSULTATION FEES
DOCTOR'S SIGNATURE & STAMP	Dr. Supriya Anand General Practitioner DHA LIC. NO. 25580547-001 GSM MEDICAL CENTER LLC No. 058 9261206 TEL: 04-2399813		
	DATE		24-May-2023

I hereby authorize any healthcare provider or insurance company to NAS Personnel in relation to current or previous treatments and services rendered to myself or any dependents. Any copy of this consent shall be considered as the original.

أنا أوافق بذلك، أقرض أية جهة طبية أو طبيب أو شركة تأمين بتزويد شركة تأمين بأي معلومات من الملف الطبي بشأن العلاج الحالي أو السابق في أي تفرغ المعاملين من قبلي و الحصول على صورة من أي صورة عن هذا التحويل تعتبر كالأصلية

DEPENDENT'S SIGNATURE