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 -Reference Prescription Clinician ID: Plan: Member ID: Number Date: ID: OIC - Oman DHA-F-0000802-INS012-OIG/ME-DHA-P-93573510 16/06/2023 Insurance 20230616150304 122635/E/10398383 25580547 Company Denial: Comments:

Diagnoses: -

Type Diagnosis

Principal A09 - Infectious gastroenteritis and colitis, unspecified

Secondary R19.7 - Diarrhea, unspecified

Secondary R11.2 - Nausea with vomiting, unspecified

Showing 1 to 3 of 3 entries

Showing 1 to 5 of 5 entries

Drugs: ——	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14642047	0170-116609-1171 - FLAGYL , 14'S, 400 MG, TABLETS, SANOFI	Posted	-	5	10.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 5 Day(s).	ORAL	0
14642048	0415-200001-1452 - IMODIUM , 6'S, 2 MG, CAPSULES (HARD GELATIN), JANSSEN	Posted	-	3	8.00	0.00	0.00	Take 1 CAPSULE STAT, FOLLOWED BY 1 CAPSULE(s), 2 Time(s) per Day For 3 Day(s).	ORAL	0
14642049	0031-168201-0391 - DOMPY , 30'S, 10 MG, FILM COATED TABLETS, JAMJOOM PHARMACEUTICALS	Posted	-	5	10.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 5 Day(s).	ORAL	0
14642050	0097-230603-0831 - ORS - REDUCED OSMOLARITY (ORANGE FLAVOUR), 10'S, N/A, POWDER FOR SOLUTION, NATIONAL PHARMACEUTICAL INDUSTRIES CO. (SAOG), OMAN	Posted	-	5	10.00	0.00	0.00	Take 1 SACHET(s), 2 Time(s) per Day For 5 Day(s).	ORAL	0
14642051	0042-136501-1173 - BUSCOPAN, 20'S, 10 MG, TABLETS, BOEHRINGER INGELHEIM PHARMA	Posted	-	3	9.00	0.00	0.00	Take 1 TABLET(s), 3 Time(s) per Day For 3 Day(s).	ORAL	0
				Total:		0.00	0.00			0

GSM Medical Center Muaded Almazrouei Bdlg -1st floor - Al Satwa Rd - near Satwa Roundabout - Al Satwa - Dubai

Dubai

Tel: 04-8831002,04-8831003

Fax: 048831004



Date: 16-JUNE-2023

SICK LEAVE CERTIFICATE

Name: KAYE ANN IZABEL SERRANO Age: 24 Years

Telephone: +971 52 315 4586 Insurance: Oman Insurance

This is to certify that **Kaye Ann Izabel Serrano** is suffering from **Infectious Gastroenteritis** with **Vomiting**. She is not fit to attend work yet, advised to take rest for **03** DAYS with effect from **16-JUNE-2023**.

Sincerely Yours,

Dr. Supriya Anand

