

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	:	Joshua Da-anton	AGE	:	26 YEARS
Address	:	flat 502 hatan tower al barsha 1	Mobile	:	+971 55 570 8651
Medical Record #	:				
Principal Diagnosis	:	ACUTE UPPER RESPIRATORY INFECTION JO6			
Secondary Diagnosis	:	COUGH R05.9, FEVER R50.9			
Additional Remarks	:	DO STEAM INHALATION			

GENERIC/DOSE/FORM	STRENGTH	INSTRUCTIONS	QUANTITY	ROUTE OF ADMIN
AZIJUB/CAPSULES	250MG	1 CAPSULE, 2 TIMES/DAY FOR 5 DAYS	10	PO
ARTIZ/TABLET	10MG	1 TABLET, 1 TIME/DAY FOR 7 DAYS, BEFORE BEDTIME	7	PO
ADOL/CAPLETS	500MG	1 CAPLET, 3 TIMES/DAY FOR 7 DAYS	21	PO
MUCUM/SYRUP	15MG/5ML	10ML, 3 TIMES/DAY FOR 5 DAYS	2	PO

Doctor Name

License Number

Date

Signature & Stamp

Dr. Supriya Anand

25580547-001

06-APRIL-2023



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Date :06-APRIL-2023

SICK LEAVE CERTIFICATE

Name: **JOSHUA DA-ANTON**

Age: **26 Years**

Telephone: **+971 55 570 8651**

Insurance: **Cash**

This is to certify that **JOSHUA DA-ANTON** is suffering from **ACUTE UPPER RESPIRATORY INFECTION WITH FEVER AND COUGH**. He has been getting treatment since **06-APRIL-2023**. He is not fit to work, advised to take rest for **03 DAYS** with effect from **06-APRIL-2023**.

Sincerely Yours,

Dr. Supriya Anand

