

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-TPA029-20230317121301	88661405	17/03/2023	DUBAI INSURANCE COMPANY/E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC	I005-029-118923715-01	DHA-P-25580547
Denial:	Comments:				

Diagnoses:

Type	Diagnosis
Principal	J06.9 - Acute upper respiratory infection, unspecified

Showing 1 to 1 of 1 entries

Drugs:

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14341948	1307-127402-1451 - ZITHROMAX 250MG, 6'S, 250 MG, CAPSULES (HARD GELATIN), PFIZER	Posted	-	10	20.00	0.00	0.00	Take 1 CAPSULE, 2 Time(s) per Day For 10 Day(s).	ORAL	0
14341949	0195-123701-0391 - ARTIZ , 10'S, 10 MG, FILM COATED TABLETS, TABUK PHARMACEUTICAL MANUFACTURING CO.	Posted	-	10	10.00	0.00	0.00	Take 1 TABLET(s), 1 Time(s) per Day For 10 Day(s), before bedtime	ORAL	0
14341950	2027-719101-0392 - MAXIGESIC PE, 50'S, 500 MG 150 MG 2.5 MG, FILM COATED TABLETS, AFT PHARMACEUTICALS LTD	Posted	-	7	21.00	0.00	0.00	Take 1 TABLET(s), 3 Time(s) per Day For 7 Day(s).	ORAL	0
Total:						0.00	0.00			

Showing 1 to 3 of 3 entries



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- Dubai
Tel: 04-8831002,04-8831003
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Date: 15-MARCH-2023

CERTIFICATE

Name: **Alyssa Lapid**

Age: **25 Years**

Company:

Telephone: **+971 56 221 0847**

Insurance: **E-Care**

This is to certify that **Alyssa Lapid** is suffering from **Acute Upper Respiratory Infection**. She has been getting treatment since **15-MARCH-2023**. She is not fit to work and is advised to take rest for **03** days with effect from **15-MARCH-2023**.

Sincerely Yours,

Dr. Supriya Anand

