GSM MEDICAL CENTER
DIP 1, GREEN COMMUNITY, EUROPEAN
BUSSINESS CENTER
GROUND FLOOR SHOP NO: 29
Tel: 04-8831002, 04-8831003 Fax:
048831004



Date: 16-FEB-2023

## **CERTIFICATE**

Name: Kayce Malawit Age: 28 YEARS

**Company:** Telephone: +971 56 853 0785

Insurance: CASH

This is to certify that **KAYCE MALAWIT** is suffering from **ACUTE UPPER RESIRATORY TRACT INFECTION, MALAISE, FEVER AND DYSMENORRHEA**. She is getting treatment since **16/02/2023**. She is not fit to work and is advised to take rest for **03** DAYS with effect from **16/02/2023**.

Sincerely Yours,

Dr. Supriya Anand

Dr. Supriya Anand General Practitioner DHA LIC. NO. 25580547-001 GSM MEDICAL CENTER L.L.C Mob: 058 9261206 TEL: 04 2399313 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	:	Kayce Malawit	AGE	:	28 YEARS
Address	:		Mobile	:	+971 56 853 0785
Medical Record #	:				
Principal Diagnosis	:	UPPER RESPIRATORY TRACT INFECTION JO6			
Secondary Diagnosis	:	MALAISE R53.81, FEVER R50. 9, DYSMENORRHEA N94. 6			
Unlimited Storage	:				
Live Meeting	:				

GENERIC/DOSE/FORM	STRENGTH	INSTRUCTIONS	QUANTITY	ROUTE OF ADMIN
AZITHROMYCIN/CAPSULE	250MG	1 CAPSULE, 2 TIMES/DAY FOR 5 DAYS	10	PO
CETRIZINE/TABLET	10MG	1 TABLET, 1 TIME/DAY FOR 5 DAYS, BEFORE BEDTIME	5	PO
MAXIGESIC/TABLET	500MG	2 TABLETS, 2 TIMES/DAY FOR 5 DAYS	20	РО
PONSTAN FORTE/TABLET	500MG	1 TABLET. 3 TIMES/DAY FOR 3 DAYS	9	PO
VITAMIN C/EFFERVESCENT	1000MG	DISSOLVE 1 CAPSULE IN 200ML OF WATER, 1 TIME/DAY FOR 5 DAYS	5	PO

Doctor Name License Number Date Signature & Stamp

Dr. Supriya Anand 25580547-001 16-Feb-2023

CBI, Supriye Anand Gentrel Practitioner DIAJE: NO. 25590547-001 GOM MEDICAL CENTER LL.C Mobr. (\$9 9261205 TEL: 04 2399313