

**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**

<b>Patient Name</b>	:	<b>Angela Espinoza</b>	<b>AGE</b>	:	<b>39 YEARS</b>
<b>Address</b>	:	<b>al jaddaf dubai uae</b>	<b>Mobile</b>	:	<b>+971 55 886 7389</b>
<b>Medical Record #</b>	:	<b>12320</b>	<b>Allergies</b>	:	<b>-</b>
<b>Principal Diagnosis</b>	:	<b>ACUTE GASTROENTERITIS (K52.9)</b>			
<b>Secondary Diagnosis</b>	:	<b>AMENORRHEA (N91.2)</b>			
<b>Additional Remarks</b>	:	<b>-</b>			

<b>GENERIC/DOSE/FORM</b>	<b>STRENGTH</b>	<b>INSTRUCTIONS</b>	<b>QUANTITY</b>	<b>ROUTE OF ADMIN</b>
<b>MAALOX PLUS/CHEWABLE TABLETS</b>	<b>200MG/200MG/25MG</b>	<b>1 TABLET, 3 TIMES/DAY FOR 5 DAYS</b>	<b>15</b>	<b>PO</b>
<b>IMODIUM/TABLETS</b>	<b>2MG</b>	<b>2 TABLETS STAT, FOLLOWED BY 1 TABLET, 2 TIMES/DAY FOR 3 DAYS</b>	<b>8</b>	<b>PO</b>
<b>GASTROPAN/TABLETS</b>	<b>40MG</b>	<b>1 TABLET, 1 TIME/DAY FOR 10 DAYS</b>	<b>10</b>	<b>PO</b>
<b>GLUCOPHAGE XR/TABLETS</b>	<b>850MG</b>	<b>1 TABLET, 1 TIME/DAY FOR 30 DAYS</b>	<b>30</b>	<b>PO</b>

<b>Doctor Name</b>	<b>License Number</b>	<b>Date</b>	<b>Signature &amp; Stamp</b>
Dr. Supriya Anand	25580547-001	02-JULY-2023	

Dr. Supriya Anand  
 General Practitioner  
 DHA LIC. NO. 25580547-001  
 GSM MEDICAL CENTER LLC  
 Mob: 058 9261206 TEL: 04 2399313

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Date: 02-JULY-2023

**SICK LEAVE CERTIFICATE**

Name: **Angela Espinoza**

Age: **39 Years**

Telephone: **+971 55 886 7389**

Insurance: **Cash**

This is to certify that **Angela Espinoza** is suffering from **Acute gastroenteritis with abdominal cramps**. She is not fit to attend work yet, advised to take rest for **01 DAY** with effect from **02-JULY-2023**.

Sincerely Yours,

**Dr. Supriya Anand**

