

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-INS012-20230309155742	88178470	09/03/2023	OIC - Oman Insurance Company	IG/ME-88605/E/9356302	DHA-P-25580547
Denial:		Comments:			

Diagnoses:

Type	Diagnosis
Principal	J06.9 - Acute upper respiratory infection, unspecified
Secondary	R50.9 - Fever, unspecified

Showing 1 to 2 of 2 entries

Drugs:

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14308315	1307-127402-1451 - ZITHROMAX 250MG, 6'S, 250 MG, CAPSULES (HARD GELATIN), PFIZER	Posted	-	5	10.00	0.00	0.00	Take 1 CAPSULE(s), 2 Time(s) per Day For 5 Day(s).	ORAL	0
14308316	0195-123701-0391 - ARTIZ , 10'S, 10 MG, FILM COATED TABLETS, TABUK PHARMACEUTICAL MANUFACTURING CO.	Posted	-	7	7.00	0.00	0.00	Take 1 TABLET(s), 1 Time(s) per Day For 7 Day(s), BEFORE BEDTIME	ORAL	0
14308317	2027-719101-0391 - MAXIGESIC PE, 20'S, 500 MG 150 MG 2.5 MG, FILM COATED TABLETS, AFT PHARMACEUTICALS LTD	Posted	-	5	10.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 5 Day(s).	ORAL	0
Total:						0.00	0.00			

Showing 1 to 3 of 3 entries



## Sick Leave Certificate

شهادة إجازة مرضية

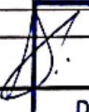
Date:

09-03-2023

تاريخ:

Patient Information		
Patient Name	Vandana Marwaha Om Prakash Arora	اسم المريض
Patient File No.	11846	رقم ملف المريض
Visit Type	Outpatient	نوع الزيارة
Date of Admission	N/A	تاريخ الدخول
Date of Discharge	N/A	تاريخ الخروج
Patient Passport No/Emirates ID	N/A / 784-1967-7517407-9	رقم بطاقة الهوية / رقم جواز السفر
Employer	Private	جهة العمل
Employer Name	Delhi Pvt School LLC	إسم جهة العمل

Sick Leave Information		
Diagnosis - ICD Code	Acute upper respiratory infection (J06.9) (J06.9), Increased body temperature (R50.9) (R50.9)	اسم ورقم التشخيص
Sick Leave From, To	09-03-2023, 11-03-2023	الإجازة المرضية من , إلى
Sick Leave Period	3	مدة الإجازة المرضية
Physician Remarks		ملاحظات الطبيب

Physician Information		
Physician Name	Supriya Anand	اسم الطبيب
Physician Title	General Practitioner-General Practice	تخصص الطبيب
Facility Name	Gsm Medical Center LLC	اسم المنشأة
Physician Signature	 Dr. Supriya Anand General Practitioner	توقيع الطبيب
Physician Stamp	DHA LIC. NO. 25580547-001 GSM MEDICAL CENTER LLC Mob: 058 9261206 TEL: 04 2399313	ختم الطبيب

### Remarks:

- This certificate is electronically issued and does not require a DHA stamp or attending DHA for manual attestation.
- For the purpose of verification of this certificate, please visit DHA Website: <https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-verification> and enter the Security code & Certificate No. mentioned below.

يتم إصدار هذه الشهادة إلكترونياً ولا تتطلب ختم الهيئة أو الحضور لتصديقها.  
- الغرض التحقق من هذه الشهادة، يرجى زيارة موقع هيئة الصحة بدبي: <https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-verification> وإدخال رمز ورقم الشهادة المذكورين أدناه.

ملاحظات:

CP\_9.3 F-06

PIN: 0444



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