

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-INS012-20230228144516	87617315	28/02/2023	OIC - Oman Insurance Company	OIG/ME-30476/E/9347677	DHA-P-25580547
Denial:		Comments:			

Diagnoses:	
Type	Diagnosis
Principal	R50.9 - Fever, unspecified
Secondary	G44.219 - Episodic tension-type headache, not intractable
Showing 1 to 2 of 2 entries	

Drugs:

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14271624	0195-123701-0391 - ARTIZ , 10'S, 10 MG, FILM COATED TABLETS, TABUK PHARMACEUTICAL MANUFACTURING CO.	Posted	-	5	5.00	0.00	0.00	Take 1 TABLET(s), 1 Time(s) per Day For 5 Day(s), before bedtime	ORAL	0
14271625	2027-560101-0392 - MAXIGESIC, 16'S, 150 MG 500 MG, FILM COATED TABLETS, AFT PHARMACEUTICALS LTD	Posted	-	5	20.00	0.00	0.00	Take 2 TABLET(s), 2 Time(s) per Day For 5 Day(s).	ORAL	0
14271626	0784-390401-0371 - OPTREX MEDICATED, 10ML, 125 MG/ML 0.1 MG/ML, EYE DROPS, OPTREX LTD., UK	Posted	-	14	1.00	0.00	0.00	Take 1 BOTTLE(s), 1 Time(s) per Day For 14 Day(s), 2 drops in each eye before sleeping	OCULAR	0
Total:						0.00	0.00			
Showing 1 to 3 of 3 entries										

GSM Medical Center
Muaded Almazrouei Bdlg -
1st floor - Al Satwa Rd - near
Satwa Roundabout - Al Satwa
- Dubai
Tel: 04-8831002,04-8831003
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Date :28-FEB-2023

CERTIFICATE

Name: **Anna Liza Jumalon**

Age: **29 Years**

Company:

Telephone: **+971 56 232 6079**

Insurance: **Oman Insurance**

This is to certify that the **Anna Liza Jumalon** is suffering from **Fever and Headache**. She is getting treatment since **28-FEB-2023**. She is not fit to work and is advised to take rest for **03** days with effect from **28-FEB-2023**.

Sincerely Yours,

Dr. Supriya Anand

