

**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	:	Mohammad Ateequllah Shaikh	AGE	:	33 YEARS
Address	:		Mobile	:	+971 56 565 9548
Medical Record #	:				
Principal Diagnosis	:	ACUTE PHARYNGITIS J02.9			
Secondary Diagnosis	:				
Additional Remarks	:	DO SALT WATER GARGLE			

GENERIC/DOSE/Form	STRENGTH	INSTRUCTIONS	QUANTITY	ROUTE OF ADMIN
MUCUM/TABLET	30MG	1 TABLET, 3 TIMES/DAY FOR 5 DAYS	15	PO
CHLORASEPTIC THROAT LOZENGES	6MG/10MG	1 UNIT, 2 TIMES/DAY FOR 7 DAYS OR WHENEVER THROAT PAIN. DO NOT EXCEED MORE THAN 5/DAY.	21	PO

**Doctor Name**  
Dr. Supriya Anand

**License Number**  
25580547-001

**Date**  
28-MARCH-2023

**Signature & Stamp**

  
Dr. Supriya Anand  
General Practitioner  
DHA LIC. NO. 25580547-001  
GSM MEDICAL CENTER L.L.C  
Mob: 058 9261206 TEL: 04 23999313

## Sick Leave Certificate

### شهادة إجازة مرضية

Date: 28-03-2023 تاريخ:

Patient Information		
Patient Name	Mohammed Ateequllah Shaikh	اسم المريض
Patient File No.	12568	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 / 784-1989-1727392-6	رقم بطاقة الهوية / رقم جواز السفر
Employer	Private	جهة العمل
Employer Name	Al fares intl tents	إسم جهة العمل

Sick Leave Information		
Diagnosis - ICD Code	Acute pharyngitis (J02.9) (J02.9)	اسم ورقم التشخيص
Sick Leave From, To	28-03-2023, 29-03-2023	الإجازة المرضية من , إلى
Sick Leave Period	2	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		توقيع الطبيب
Physician Stamp		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.

#### ملاحظات:

- يتم إصدار هذه الشهادة إلكترونياً ولا تتطلب ختم الهيئة أو الحضور لتصديقها
- لغرض 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 و رقم الشهادة المذكورين أدناه.

CP\_9.3 F-06

PIN: 9869



1680018066687

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Date: 28-MARCH-2023

**SICK LEAVE CERTIFICATE**

Name: **Mohammad Ateequllah Shaikh**

Age: **33 Years**

Telephone: **+971 56 565 9548**

Insurance: **Cash**

This is to certify that **Mohammad Ateequllah Shaikh** is suffering from **ACUTE PHARYNGITIS**. He has been getting treatment since **28-MARCH-2023**. He is not fit to work and is advised to rest for **02 DAYS** from **28-MARCH-2023**.

Sincerely Yours,

**Dr. Supriya Anand**

