18/02/2023, 12:16 about:blank

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 Clinician Reference Prescription ID: Plan: Member ID: Number Date: ID: OIC - Oman DHA-F-0000802-INS012-OIG/ME-DHA-P-87029985 18/02/2023 Insurance 20230218121508 84886/E/9431518 25580547 Company Denial: Comments:

Diagnoses: =

Type **Diagnosis**

M10.071 - Idiopathic gout, right ankle and foot Principal

Showing 1 to 1 of 1 entries

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14228291	1319-112401-1173 - ZYLORIC, 50'S, 100 MG, TABLETS, ASPEN	Posted	-	30	30.00	0.00	0.00	Take 1 TABLET(s), 1 Time(s) per Day For 30 Day(s).	ORAL	0
14228292	0046-208402-1451 - TAKEPRON 30MG, 14'S, 30 MG, CAPSULES (HARD GELATIN), THE ARAB PHARM.MFG.CO (A.P.M.)	Posted	-	30	30.00	0.00	0.00	Take 1 CAPSULE(s), 1 Time(s) per Day For 30 Day(s), 30 MINUTES BEFORE FOOD	ORAL	0
Ob 4 4-	2 of 2 entries			Total:		0.00	0.00			

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



Date: 17-FEB-2023

CERTIFICATE

Name: Eduardo Casilla Jr Age: 46 YEARS

Company: Telephone: +971 56 917 1534

Insurance: OMAN INSURANCE

This is to certify that **Eduardo Casilla Jr** is suffering from **IDIOPATHIC GOUT**, **RIGHT ANKLE AND FOOT**. He is getting treatment since **17/02/2023**. He is not fit to work and is advised to take rest for **03** DAYS with effect from **17/02/2023**.

Sincerely Yours,

Dr. Supriya Anand

