

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	:	Maria Cherissa Enoy	AGE	:	40 YEARS
Address	:	k1 bldg. muraquabbat dubai	Mobile	:	+971 58 596 6522
Medical Record #	:		Allergies	:	-
Principal Diagnosis	:	ACUTE UPPER RESPIRATORY INFECTION (J06.9)			
Secondary Diagnosis	:	ALLERGY (T78.40XA)			
Additional Remarks	:	CONTINUE TAKING ANTI HISTAMINE			

GENERIC/DOSE/FORM	STRENGTH	INSTRUCTIONS	QUANTITY	ROUTE OF ADMIN
MAXIGESIC PE/TABLET	500MG/150MG/2.5MG	1 TABLET, 3 TIMES/DAY FOR 5 DAYS	15	PO
MUCUM/SYRUP	15MG/5ML	10ML, 2 TIMES/DAY FOR 7 DAYS	2	PO

Doctor Name
 Dr. Supriya Anand

License Number
 25580547-001

Date
 06-JUNE-2023

Signature & Stamp


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

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Date: 06-JUNE-2023

SICK LEAVE CERTIFICATE

Name: **MARIA CHERISSA ENOY**

Age: **40 Years**

Telephone: **+971 58 596 6522**

Insurance: **Cash**

This is to certify that **MARIA CHERISSA ENOY** is suffering from **Acute Upper Respiratory Infection with Allergies**. She is not fit to attend work yet, advised to take rest for **03 DAY** with effect from **06-JUNE-2023**.

Sincerely Yours,

Dr. Supriya Anand

