

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	:	DESIREE ABARIDO	AGE	:	31 YEARS
Address	:	Al wasl Building 2nd December Street	Mobile	:	+971 52 381 2185
Medical Record #	:		Allergies	:	-
Principal Diagnosis	:	ACUTE UPPER RESPIRATORY INFECTION (J06.9)			
Secondary Diagnosis	:	FEVER (R50.9)			
Additional Remarks	:	DO STEAM INHALATION			

GENERIC/DOSE/Form	STRENGTH	INSTRUCTIONS	QUANTITY	ROUTE OF ADMIN
ARTIZ/TABLET	10MG	1 TABLET, 1 TIME/DAY FOR 5 DAYS	5	PO
MAXIGESIC PE/TABLET	500MG/150MG/2.5MG	1 TABLET., 3 TIMES/DAY FOR 5 DAYS	15	PO
OTRIVIN NASAL SPRAY	0.1%	1 PUFF IN EACH NOSTRIL, 2 TIMES/DAY FOR 5 DAYS	1	NASAL

Doctor Name

License Number

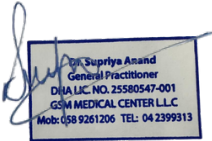
Date

Signature & Stamp

Dr. Supriya Anand

25580547-001

04-JUNE-2023



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Date: 04-JUNE-2023

SICK LEAVE CERTIFICATE

Name: **DESIREE ABARIDO**

Age: **31 Years**

Telephone: **+971 52 381 2185**

Insurance: **Cash**

This is to certify that **Desiree Abarido** is suffering from **Acute Upper Respiratory Infection with Fever**. She is not fit to attend work yet, advised to take rest for **02 DAYS** with effect from **04-JUNE-2023**.

Sincerely Yours,

Dr. Supriya Anand

