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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 Reference **Prescription** Clinician ID: Member ID: Plan: Number Date: ID: **DUBAI ISLAMIC INSURANCE &** DHA-F-0000802-1006-029-**REINSURANCE CO (AMAN)/E** DHA-P-TPA029-89208776 27/03/2023 CARE INTERNATIONAL 116539085-25580547 20230327103859 **MEDICAL BILLING SERVICES** 01 CO. LLC Comments: Denial:

Type Diagnosis

Principal J06.9 - Acute upper respiratory infection, unspecified

Secondary R12 - Heartburn

Secondary R11.0 - Nausea

Secondary K29.70 - Gastritis, unspecified, without bleeding

Showing 1 to 4 of 4 entries

-Drugs:										
ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14378464	1307-127402-1451 - ZITHROMAX 250MG, 6'S, 250 MG, CAPSULES (HARD GELATIN), PFIZER	Posted	-	3	6.00	0.00	0.00	Take 1 CAPSULE(s), 2 Time(s) per Day For 3 Day(s).	ORAL	0
14378465	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
14378466	0006-106601-0394 - PANADOL ADVANCE, 24'S, 500 MG, FILM COATED TABLETS, GLAXO	Posted	-	5	10.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 5 Day(s).	ORAL	0
14378467	0137-242802-0341 - PANTOLOC 40MG, 15'S, 40 MG, ENTERIC COATED TABLETS, SAUDI ARABIAN JAPANESE PHARMACEUTICAL CO. LTD (SAJA)	Posted	-	15	15.00	0.00	0.00	Take 1 TABLET(s), 1 Time(s) per Day For 15 Day(s), 45 minutes before breakfast	ORAL	0
14378468	5252-168201-0391 - DOMPY, 30'S, 10 MG, FILM COATED TABLETS	Posted	-	7	14.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 7 Day(s), 30 minutes before food, only if severe nausea.	ORAL	0
				Total:		0.00	0.00			
Showing 1 to 5 of 5 entries										

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GSM Medical Center Muaded Almazrouei Bdlg -1st floor - Al Satwa Rd - near Satwa Roundabout - Al Satwa

- Dubai

Tel: 04-8831002,04-8831003

Fax: 048831004



Date: 27-MARCH-2023

SICK LEAVE CERTIFICATE

Age: 38 Years Name: Angela Espinoza

Telephone: +971 55 886 7389 Insurance: E-Care

This is to certify that **Angela Espinoza** is suffering from **ACUTE UPPER RESPIRATORY** INFECTION with HEARTBURN and Nausea. She has been getting treatment since 27-MARCH-2023. She is not fit to work and is advised to rest for 05 DAYS from 27-MARCH-2023.

Sincerely Yours,

Dr. Supriya Anand

