

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

ID:	Reference Number	Prescription Date:	Plan:	Member ID:	Clinician ID:
DHA-F-0000802-TPA036-20230329154334	89348641	29/03/2023	DUBAI NATIONAL INSURANCE AND REINSURANCE CO/MEDNET GLOBAL HEALTHCARE SOLUTIONS L.L.C.	097110110248314002	DHA-P-53383490
Denial:	Comments:				

Diagnoses:

Type	Diagnosis
Principal	J06.9 - Acute upper respiratory infection, unspecified
Secondary	R50.9 - Fever, unspecified
Secondary	R53.81 - Other malaise

Showing 1 to 3 of 3 entries

Drugs:

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14388193	0139-116207-1171 - AUGMENTIN 625MG, 20'S, 125 MG/500 MG, TABLETS, SMITHKLINE BEECHAM	Posted	-	7	14.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 7 Day(s).	ORAL	0
14388194	123701-117 - (CETIRIZINE : 10 MG) TABLETS	Posted	-	7	14.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 7 Day(s).AT BED TIME	ORAL	0
14388195	107902-117 - (IBUPROFEN : 400 MG) TABLETS	Posted	-	6	18.00	0.00	0.00	Take 1 TABLET(s), 3 Time(s) per Day For 6 Day(s).FOR FEVER AND PAIN	ORAL	0
Total:						0.00	0.00			

Showing 1 to 3 of 3 entries



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



Date :29-MAR-2023

CERTIFICATE

Name: **Divina Tesorero**

: Age : **27-FEB-1998**

Company :

: TelephoNE: 971567459752

Insurance

: **Cash**

No : **A00001**

This is to certify that the above named patient is suffering from ACUTE RESPIRATORY INFECTION. She is getting treatment since 29-MAR-2023. She is not fit TO WORK, advised to take rest for **03 DAYS** days with effect from 29-MAR-2023.

Sincerely Yours,

Dr.ATTIYA NISAR

