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 | : | Claudine Pablo Bernardo | AGE | : | 29 YEARS |
|---------------------|---|--|--------|---|------------------|
| Address | : | obaidullah blk b flat 104 al rigga | Mobile | : | +971 56 677 9684 |
| Medical Record # | : | 7909 | | | |
| Principal Diagnosis | : | NON INFECTIVE GASTROENTERITIS K52.9 | | | |
| Secondary Diagnosis | : | | | | |
| Additional Remarks | : | | | | |

| GENERIC/DOSE/FORM | STRENGTH | INSTRUCTIONS | QUANTITY | ROUTE OF ADMIN |
|-----------------------|----------|--|----------|-------------------|
| IMODIUM/TABLET | 2MG | TAKE 2 TABLET STAT, FOLLOWED BY 1 TABLET, 2 TIMES/DAY FOR 3 DAYS | 8 | PO |
| BUSCOPAN/TABLET | 10MG | 1 TABLET, 3 TIMES/DAY FOR 3 DAYS | 9 | PO |
| DOMPY/TABLET | 10MG | 1 TABLET, 2 TIMES/DAY FOR 5 DAYS, 30 MINUTES BEFORE FOOD | 10 | PO |
| ORS SOLUTION (ORANGE) | | MIX 1 PACKET IN 1L WATER AND CONSUME OVER 24 HOURS, FOR 3 DAYS | 3 | PO |
| | | | | |
| | | | | |

Doctor Name License Number Date Signature & Stamp

Dr. Supriya Anand 25580547-001 30-MARCH-2023







Sick Leave Certificate شهادة إجازة مرضية

Date: 30-03-2023 :تاريخ

| Patient Information | | | |
|---------------------------------|--------------------------|-----------------------------------|--|
| Patient Name | Claudine Pablo Bernardo | اسم المريض | |
| Patient File No. | 7909 | رقم ملف المريض | |
| Visit Type | Outpatient | نوع الزيارة | |
| Date of Admission | N/A | تاريخ الدخول | |
| Date of Discharge | N/A | تاريخ الخروج | |
| Patient Passport No/Emirates ID | N/A / 784-1993-1153724-7 | رقم بطاقة الهوية / رقم جواز السفر | |
| Employer | Private | جهة العمل | |
| Employer Name | Brands for Less LLC | إسم جهة العمل | |

| Sick Leave Information | | | |
|------------------------|---|--------------------------|--|
| Diagnosis - ICD Code | Noninfectious gastroenteritis (K52.9) (K52.9) | اسم ورقم التشخيص | |
| Sick Leave From, To | 30-03-2023, 01-04-2023 | الإجازة المرضية من , إلى | |
| Sick Leave Period | 3 | مدة الإجازة المرضية | |
| Physician Remarks | Leave is valid from 29.03.2023 to 01.04.2023 | ملاحظات الطبيب | |

| Physician Information | | | | |
|-----------------------|---------------------------------------|-------------|--|--|
| Physician Name | Supriya Anand | اسم الطبيب | | |
| Physician Title | General Practitioner-General Practice | تخصص الطبيب | | |
| Facility Name | Gsm Medical Center LLC | اسم المنشأة | | |

| Physician Signature | 0. | توقيع الطبيب |
|---------------------|--|--------------|
| Physician Stamp | Marine Sensor Joseph Even Commission Joseph Even Commission Joseph Even Commission Joseph Commission Audio Commissi | ختم الطبيب |

Remarks:

- This certificate is electronically issued and does not require a DHA stamp or attending DHA for manual attestation.
- For the purpose of verification of this certificate, please visit DHA Website: https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-verification and enter the Security code & Certificate No. mentioned below.
- ملاحظات: - يتم إصدار هذه الشهادة إلكترونيًا ولا تتطلب ختم الهيئة أو الحضور لتصديقها
- ليراً التحقق من هذه الشهادة ، يرجى زيارة موقع هيئة الصحة بديي: https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-
- https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/onlineverification وإدخال رمز و رقم الشهادة المذكورين أدناه.

PIN: 2203



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