

Sick Leave Certificate

شهادة إجازة مرضية

Date: 06-06-2023 تاريخ:

Patient Information		
Patient Name	Beenish Aftab Jamil Dean Aftab Jamil	اسم المريض
Patient File No.	14957	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 / 784-1985-9305314-7	رقم بطاقة الهوية / رقم جواز السفر
Employer	Private	جهة العمل
Employer Name	N/A	إسم جهة العمل

Sick Leave Information		
Diagnosis - ICD Code	Displacement of lumbar intervertebral disc without myelopathy (M51.26) (M51.26), Low back pain (M54.5) (M54.5)	اسم ورقم التشخيص
Sick Leave From, To	06-06-2023, 09-06-2023	الإجازة المرضية من , إلى
Sick Leave Period	4	مدة الإجازة المرضية
Physician Remarks		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		توقيع الطبيب
Physician Stamp		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 إلكترونياً ولا تتطلب ختم الهيئة أو الحضور لتصديقها
- لغرض التحقق من هذه الشهادة ، يرجى زيارة موقع هيئة الصحة بدبي: <https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-verification> وإدخال رمز و رقم الشهادة المذكورين أدناه.

CP_9.3 F-06

PIN: 3650



1686056623003

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-TPA004-20230606130432	92991450	06/06/2023	AL-ITTIHAD ALWATANI GENERAL INSURANCE COMPANY/NAS ADMINISTRATION SERVICES LIMITED	E9A7-233F-EF42-7FAD	DHA-P-25580547
Denial:	Comments:				

Diagnoses:

Type	Diagnosis
Principal	M51.26 - Other intervertebral disc displacement, lumbar region
Secondary	M54.5 - Low back pain
Showing 1 to 2 of 2 entries	

Drugs:

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14608750	0135-223401-1171 - NOPAIN DS , 10'S, 500 MG, TABLETS, AL HIKMA PHARMACEUTICALS	Posted	-	5	10.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 5 Day(s).	ORAL	0
14608751	0717-226501-2401 - MYONAL 50MG, 30'S, 50 MG, SUGAR COATED TABLETS, EISAI CO LTD.	Posted	-	7	21.00	0.00	0.00	Take 1 TABLET(s), 3 Time(s) per Day For 7 Day(s).	ORAL	0
Total:						0.00	0.00			
Showing 1 to 2 of 2 entries										



CONSULTATION FORM

نموذج الاستشارة



1. Patient Name: Dr. Supriya 2. Date: 06-Jun-2023

3. Age: 47 4. Sex: Female

5. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

6. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

7. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

8. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

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12. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

13. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

14. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

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23. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

24. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

25. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

26. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

27. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

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30. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

31. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

32. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

33. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

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37. Referral: Intervertebral disc displacement (M51.26), low back pain (M54.5)

PREScription / ADVICE FORM

نموذج الوصفة



PATIENT NAME: Beensh Attati Jamal Dean

DIAGNOSIS:

Intervertebral disc displacement (M51.26), low back pain (M54.5)

NATURE OF TREATMENT:

(Please use separate sheet for each group)



Pharmacy

صيدلانية



Diagnostic

تشخيصي



Physiotherapy

العلاج الطبيعي



Others

أخرى

ITEM

البند

QUANTITY

الكمية

① Np pain Ds, 500m - 1 Tablet, BD for 5 days

LO

② Myonal, 50mg - 1 Tablet, TD for 7 days

21

Request for Spine X Ray.

Dr. Supriya Anand
General Practitioner
DHA LIC. NO. 25580547-001
GSN MEDICAL CENTER LLC
Signature and Stamp
توقيع وختم الطبيب

FOR PROVIDERS USE

شخصي بمقدم الخدمة

CARD NO: E9A7-233F-EF42-7FAD

رقم بطاقة

AMOUNT CLAIMED

المبلغ المطالب به

PAYER: Al Ittihad Al Watani

شركة الوطن

DATE: 06-Jun-2023

التاريخ

NAME

الاسم

Signature and Stamp:

التوقيع والختم

I hereby authorize any healthcare provider or insurance Company to provide and/or give copies of medical records to NAS Personnel in relation to current or previous treatments and services rendered to myself or any dependents. Any copy of this consent shall be considered as the original.

أنا الموقع أدناه، أقرض أية جهة طبية أو طبيب أو شركة تأمين بتزويد شركة ناس بأي معلومات من الملف الطبي بشأن العلاج الحالي أو السابق لمي أو لأفراد المعانين من قبلي والحصول على صورة منه. أية صورة عن هذا التحويل تعتبر كالأصلية.

BENEFICIARY'S SIGNATURE

توقيع المستفيد



مركز المثالي التشخيصي
IDEAL DIAGNOSTIC CENTRE

"Ideally dedicated to precise diagnosis"

☐ URGENT

Date 06 / 06 / 23

Patient Information

Name: Beensh Dean			
<input type="radio"/> Male <input checked="" type="radio"/> Female	Date of birth 27/10/1985	Mobile number 052 5536930	Country Pakistan
Payment	<input checked="" type="radio"/> Cash <input type="radio"/> Insurance <input type="radio"/> Corporate	Last menstrual period 1/1	

Investigation Required		
<input type="radio"/> MRI	<input type="radio"/> 4D Ultrasound	<input type="radio"/> OPG
<input type="radio"/> Echocardiography	<input type="radio"/> Colour Doppler	<input type="radio"/> CEPH
<input type="radio"/> Computed Tomography	<input type="radio"/> Mammography	<input type="radio"/> CBCT
<input checked="" type="radio"/> Digital X-Ray - Spine	<input type="radio"/> Mammography + US	
<input type="radio"/> Ultrasound		

Brief Clinical History

H/o Disc herniation 7 months back. Now complaining of low back pain.

Referring doctor Information

Name Dr. Supriya	Clinic / hospital General Practitioner
Tel 0563902210 Fax	Signature & stamp

Insurance Documents Required	*Insurance Card *Original Claim Form with doctor's signature and stamp *Supporting Documents i.e. Medical Report, Previous Reports etc.
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GSM MEDICAL CENTER
DIP 1, GREEN COMMUNITY, EUROPEAN
BUSINESS CENTER
GROUND FLOOR SHOP NO: 29
Tel : 04-8831002, 04-8831003 Fax :
048831004



Patient Details

Medical Record #	: 14957	Patient Name	: Beenish Dean	DOB	: 01-Jan-1900
Age	: 123 Years	Gender	:	Nationality	: Pakistani
Telephone #	:	Address	:	Attending Physician	: Dr. Supriya Anand
Date of Admission	: 06-Jun-2023	IPD	:	OPD	:

Referral Form

Referral Date * : 06-Jun-2023
Referred to : RADIOLOGIST
Patient's Medical Record # : 14957
Type : ☐ Emergency ☐ Urgent ☒ Routine

- Kindly find the attached medical documents to the form.

Reason for Referral : LOW BACK PAIN

Summary of Presentation :

History : H/O DISC HERNIATION, NOW HAVING LOW BACK PAIN AGAIN
Physical Examination : TENDERNESS AT LUMBAR REGION
Investigations : SPINE XRAY
Provisional Diagnosis : DISC HERNATION
Recommendations : XRAY SPINE
Medications : (Patient need to bring all medications to the appointment)

Referring
Doctor
Stamp

:

Signature :

Referral Source
Name

:

Tel # :

Fax # :

Address

:

Dr. Supriya Anand
General Practitioner
DHA LIC. NO. 25580547-001
GSM MEDICAL CENTER LLC
Mob: 058 9261206 TEL: 04 2399313

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



Date : 06-06-2023

MEDICAL REPORT

Our patient **Beenish Dean(14957)**, reviewed our clinic for assessment of .

Examination : H/O DISC HERNIATION WITH LOW BACK TENDERNESS
Impression : DISC HERNIATION
Recommendation : SPINE XRAY

This report has been dictated at the request of the patient. I hope that it satisfied your records. Please do not hesitate to contact us if we can be of any further assistance in any particular way.

Dr. Supriya Anand
General

