

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-TPA029-20230528124424	92478239	28/05/2023	Al Sagr National Insurance Company/E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC	I011-029-118933368-01	DHA-P-25580547
Denial:		Comments:			

Diagnoses:

Type	Diagnosis
Principal	J06.9 - Acute upper respiratory infection, unspecified
Secondary	R11.2 - Nausea with vomiting, unspecified
Secondary	R50.9 - Fever, unspecified

Showing 1 to 3 of 3 entries

Drugs:

ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
14578795	0195-123701-0391 - ARTIZ , 10'S, 10 MG, FILM COATED TABLETS, TABUK PHARMACEUTICAL MANUFACTURING CO.	Posted	-	7	7.00	0.00	0.00	Take 1 TABLET(s), 1 Time(s) per Day For 7 Day(s), before bedtime.	ORAL	0
14578796	2027-719101-0391 - MAXIGESIC PE, 20'S, 500 MG 150 MG 2.5 MG, FILM COATED TABLETS, AFT PHARMACEUTICALS LTD	Posted	-	5	15.00	0.00	0.00	Take 1 TABLET(s), 3 Time(s) per Day For 5 Day(s).	ORAL	0
14578797	0031-168201-0391 - DOMPY , 30'S, 10 MG, FILM COATED TABLETS, JAMJOOM PHARMACEUTICALS	Posted	-	5	10.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 5 Day(s), if having nausea or vomiting.	ORAL	0
Total:						0.00	0.00			

Showing 1 to 3 of 3 entries


Dr. Anurupa Anand
General Practitioner
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GSM MEDICAL CENTER LLC
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Satwa Roundabout - Al Satwa
- Dubai
Tel: 04-8831002,04-8831003
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Date: 28-MAY-2023

SICK LEAVE CERTIFICATE

Name: **Marrianne Bacroya Mahinay**

Age: **29 Years**

Telephone: **+971 56 110 3341**

Insurance: **E-Care**

This is to certify that **Marrianne Bacroya Mahinay** is suffering from **Acute Upper Respiratory Infection with Fever and Vomiting**. She is not fit to attend work yet, advised to take rest for **02** DAYS with effect from **28-MAY-2023**.

Sincerely Yours,

Dr. Supriya Anand

