

## ADAM MEDICAL CENTER LLC MEDICAL CERTIFICATE

Reference No:

Date:

Time:

13-07-2023

4.05 PM

**Facility Information** 

Facility Name:

City:

Emirate:

Adam Medical Center Llc

Dubai

Physician's Name: Physician's Speciality: United Arab Emirates

Valiyaveettil Saleel Abdul Kalam

Internal Medicine

Patient's Information

Patient's Name:

DOB:

Faris Arangottil Basheer

Gender:

03-03-1996 Male

Nationality:

India

Medical File No:

EIDA:

3789

Health Insurance Card No:

784-1996-6483986-9 NP6R-33LM-VMVT-NVAE

Work Nature

Place of Work

**Employer Name** 

Diagnosis:

K21.9 - Gastroesophageal Reflux Disease Without Esophagitis - Gerd

Treatment Type:

Management:

Date of Treatment:

Physician Remarks:

26-06-2023 i attended this patient on 26-06-2023

For Official Use Only

Physician's Name:

Valiyaveettil Saleel Abdul Kalam

Adam Medical Center Llc, Po Box: , Office Court Building, 1st Floor, Suite 110, Oud Metha Road, Next To Oud Metha Metro Station, Dubai, United Arab Tel: 971-43355011, Mob: 971-585923936, Faxe97ilate355010, E-mail? info@adammedicalcentre.com Page 1 of 1

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