



Patient Name:	KHALED HAMAD ALI MOHAMMED ALDHAHERI	URN:	1819973	Order Date/Time:	Sep 23 2024 19:06:47
DOB:	Jan 6 2023 [20 Months]	Episode Number:	OP0023651451	Payor:	DAMAN THIQA - AUH
Gender:	Male	Weight:		Plan:	DAMAN THIQA - NW UAE PVT - AUH
Nationality:	Emirati	Height:		Card No:	22185191
National ID:	784-2023-9779727-9	BSA:		Card Expiry:	01/05/2025
Contact No.:	0502529323	Doctor:	Mohamad Hosam Shayeb (License: GD42818)	Co-Payment:	
Contact Email:	noemail@mediclinic.ae	Doctor Department:	PAEDIATRIC CLINIC DR HALIM OPC1	VAT:	
		Patient Location:	PAEDIATRIC CLINIC DR HALIM OPC1		

Allergies: No known allergies

Diagnosis: Primary: J21.9 - Acute bronchiolitis, unspecified
Secondary: J30.9 - Allergic rhinitis, unspecified, J45.20 - Mild intermittent asthma, uncomplicated

Generic	Strength	Form	Pack Size	Dose	Route	Frequency	Duration	Qty Ordered	Order Notes	Body Site	Repeats
ambroxol HCl	15 mg/5 mL	syrup	Bottle (100 ml)	3 ml	oral	Every 12 Hour	For 5 Day (s)	1 Bottle (100 ml)	MUCUM		



Physician Signature:

Pharmacists Signature:

Patient Signature: