

## Prescription

Reg TRN No : 100594463000003  
Facility Name : Oxygen Medical Center L.L.CÂ (Ajman)  
  
Address : Al Rumailah - Al Rumailah 3 - Ajman  
067406022/97167406088

Doctor : Dr Amira (DHA # -MOHD60150) Department : Dental  
Patient Name : Mrs. Lemia Baker Hussein Zain - MRN/File No. : 18085  
Age / Gender : 51Y - 2M - 4D/Female Type : NEXTCARE CLAIMS MANAGEMENT LLC (Enaya)  
Visit Date : 03-Mar-2024 10:00 - 11:00 Made By :  
Principal Diagnosis : K02.9 - Dental caries, unspecified  
Secondary Diagnosis : K05.10 - Chronic gingivitis, plaque induced

	Generic	Dosage	Strength	Instructions	Quantity	Route of Admin
01	(AMIFOSTINE : 500 MG) POWDER FOR INJECTION	POWDER FOR INJECTION (1S, VIAL)	IV INFUSION	Take 1 Capsule, 1 Time(s) per Day For 1 Day(s) after meal	1	DT - Dental

P.S.: Kindly note that this is automated For Pharmacy.

Doctor Name	License Number	Date	Signature & Stamp
Dr Amira	MOHD60150	03-Mar-2024 10:00 - 11:00	□