

### 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-6951075-DHA-20240309142104	109509033	09/03/2024	SELF PAYING CUSTOMER/DUBAI HEALTH AUTHORITY	99001	DHA-P-0212475
Denial:		Comments:			

Diagnoses:	
Type	Diagnosis
Principal	K04.7 - Periapical abscess without sinus
Showing 1 to 1 of 1 entries	

Drugs:										
ID	Drug	Status	Denial	Duration	Qty	Net	Patient Share	Instructions	ROA	Refills
15502173	6963-819901-1171 - ZITHROXIR 500 MG, 6'S, 500 MG, TABLETS	Posted	-	5	5.00	0.00	0.00	Take 1 TABLET(s), 1 Time(s) per Day For 5 Day(s).	ORAL	0
15502174	0006-106601-0394 - PANADOL ADVANCE, 24'S, 500 MG, FILM COATED TABLETS, GLAXO	Posted	-	5	30.00	0.00	0.00	Take 2 TABLET(s), 3 Time(s) per Day For 5 Day(s).	ORAL	0
<b>Total:</b>						<b>0.00</b>	<b>0.00</b>			
Showing 1 to 2 of 2 entries										