

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-20241201144932	126815939	01/12/2024	SELF PAYING CUSTOMER/DUBAI HEALTH AUTHORITY	784-1970-9872769-2	DHA-P-77225976
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
16362409	0139-116207-1171 - AUGMENTIN 625MG, 20'S, 125 MG 500 MG, TABLETS, SMITHKLINE BEECHAM	Posted	-	5	10.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 5 Day(s).	ORAL	0
16362410	0138-116604-1171 - METROLAG 500MG, 24'S, 500 MG, TABLETS, LAGAP SA	Posted	-	5	10.00	0.00	0.00	Take 1 TABLET(s), 2 Time(s) per Day For 5 Day(s).	ORAL	0
16362411	0027-142201-0832 - VOLTFAST, 9'S, 50 MG, POWDER FOR SOLUTION, NOVARTIS	Posted	-	5	10.00	0.00	0.00	Take 1 SACHET(s), 2 Time(s) per Day For 5 Day(s).	ORAL	0
Total:						0.00	0.00			

Showing 1 to 3 of 3 entries