

**DR. ISMAIL NEW POLYCLINIC, DISCOVERY GARDENS**

ZEN 02 Bldg-12 S-02,08,09,Parkside Hotel Apartments
P.O.Box 504333, Discovery gardens,Jabel Ali-1,Dubai, U.A.E.
Phone: +971-4-4494087, Fax: +971-4-4494088

Medical PrescriptionPatient Name : **THIMETH DINAN EKANAYAKE**Medical Record No : **DIP02-0000095300**Age/Sex : **3 y/Male**Date : **09-09-2022**Phone No : **+971551704434**Nationality : **Sri Lanka**

eRx No :

Diagnosis : J03.90 - Acute tonsillitis, unspecified
R50.9 - Fever, unspecified
M79.1 - Myalgia
J30.9 - Allergic rhinitis, unspecified
R05 - Cough

SI No	Generic Name	Form	Dosage	Frequency	Durations (days)	Total Qty	Instruction
1	PANALIFE 120MG/5ML - PARACETAMOL [120 MG/5ML]	SYRUP (100ML, GLASS BOTTLE)	8	3	5	1	Take 8 Milliliter , 3 Time(s) per Day (After Meal) For 5 Day(s).
2	CEFIX - CEFIXIME [100 MG/5ML]	POWDER FOR SUSPENSION (30ML, GLASS BOTTLE + GRADUATED SPOON)	2.5	2	7	2	Take 2.5 Milliliter , 2 Time(s) per Day (After Meal) For 7 Day(s).
3	AMYDRAMINE PAEDIATRIC - SODIUM CITRATE/MENTHOL/DIPHENHYDRAMINE [28.5 MG/5 ML 0.55 MG/5 ML 7 MG/5 ML]	SYRUP (ALCOHOL FREE) (120ML, BOTTLE)	3.5	3	5	1	Take 3.5 Milliliter , 1-1-1 Time(s) per Day (After Meal) For 5 Day(s).

Doctor Name : **DR.SOBIA NAUREEN**

Dr. Signature & Stamp

License No **DHA-P-0122952**

Dr. SOBIA NAUREEN
General Practitioner
DR. ISMAIL POLYCLINIC BRANCH
License No. DHA-P-0122952

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Medical PrescriptionPatient Name : **THIMETH DINAN EKANAYAKE**Medical Record No : **DIP02-0000095300**Age/Sex : **2 y/Male**Date : **03-09-2022**Phone No : **+971551704434**Nationality : **Sri Lanka**eRx No : **77973877**

Diagnosis : J06.9 - Acute upper respiratory infection, unspecified
R50.9 - Fever, unspecified
J30.9 - Allergic rhinitis, unspecified

Sl No	Generic Name	Form	Dosage	Frequency	Durations (days)	Total Qty	Instruction
1	PANALIFE 250MG/5ML - PARACETAMOL [250 MG/5ML]	SYRUP (100ML, GLASS BOTTLE)	3	3	3	1	Take 3 Unit , 3 Time(s) per Day (After Meal) For 3 Day(s).
2	APISAL - SODIUM CHLORIDE [0.9%]	EYE / NOSE DROPS (SOLUTION) (15ML, DROPPER BOTTLE)	2	3	5	1	Take 2 Drop , 3 Time(s) per Day (After Meal) For 5 Day(s).
3	LORINASE - LORATADINE/PSEUDOEPHEDRINE SULPHATE [5 MG/5ML 60MG/5 ML]	SYRUP (100ML, GLASS BOTTLE)	4	1	5	1	Take 4 Unit , 1 Time(s) per Day (After Meal) For 5 Day(s).

Doctor Name : **DR.SABIK AMEEN**

Dr. Signature & Stamp

License No **DHA-P-0216439**

Dr Sabik Ameen Vayappura
General Practitioner
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