

## ANNEXURE V

## F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

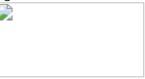
Date: 02-May-2024 Clinic Name: Irham Medical Center Arjan Emirates: 784-1992-8620819-6 Card Holder's Name: **RANIFFT YADAV** Age: 31Y - 8M - 7D Sex: Male Card Holder's Tel No: Mobile No: 0501968617 Ins Card No: 1038-010-114569616-01 Valid Upto: 22/3/2025 Company FMC NETWORK UAE **Employee** Nationality:Indian Name: MANAGEMENT CONSULTANCY No: Clinical Details: Temp36.9 B.P.153 Pulse. 81 Signs & Symptoms: risk of fall Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follow Diagnosis: R50.9 - Fever, unspecified, J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough Management plan (Services inside the clinic including injections and investigations) 0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE: 1 G) POWDER FOR INJECTION, Pharmacy,0005-149902-1021, CLOFEN-(DK SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96374, THER/PRC IV PUSH , Co.Pay, 9, Consultation Gp , General Consultation Doctor's Name: Humaira signature with seal:

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 02-May-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	10
(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE)	2	12