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

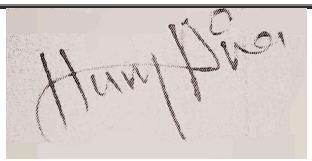
Date: 06-May-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-2000-9849304-2
Card Holder's Name: RAISUL AMIN RAHUL Age: 23Y - 7M - 5D Sex: Male
Card Holder's Tel No: Mobile No: 0586583134
Ins Card No: I011-010-119760971-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____Nationality:Bangladeshi

Clinical Details: Temp35.6 B.P.118 Pulse. 54
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J11.1 - Flu due to unidentified influenza virus w oth resp manifes Acute nasopharyngitis [common cold], J03.90 - Acute tonsillitis, unspecified

Management plan (Services inside the clinic including injections and investigations)

86140, C REACTIVE PROTEIN , Lab,0095-107701-0801, (CEFTRIAXONE : 1000 MG) POWDER FOR INJECTION , Pharmacy,0135-1499 (DICLOFENAC SODIUM : 75 MG/3ML) INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , Ge 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 abov mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical cor medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 06-May-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(AMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (100ML, GLASS BOTTLE)	7	1

Medicine	Dose	Duration	Quantity
(IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (12S, BLISTER)	5	5