



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: 07-May-2024

Clinic Name: **Irham Medical Center Arjan** Emirates: **784-1998-4268164-7**

Card Holder's Name: **BILAL ALI MUSHTAQ ALI** Age: **26Y - 3M - 29D** Sex: **Male**

Card Holder's Tel No: **Mobile No:** **0588764213**

Ins Card No: **I020-010-117121103-03** Valid Upto: **27/4/2025**

Germany: FMC NETWORK UAE

Company Name: **MANAGEMENT**

Employee No: _____ Nationality: **Pakistani**

Name: CONSULTANCY

No:

Clinical Details:

Temp36.5

B.P.105

Pulse. 67

Signs & Symptoms: risk of fall

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow

Diagnosis: N39.0 - Urinary tract infection, site not specified, E86.0 - Dehydration, R19.7 - Diarrhea, unspecified, R12 - Heartburn

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

0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM C N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION , Pharmacy,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,2 0801, (PANTOPRAZOLE (AS SODIUM SESQUIHYDRATE) : 40 MG) POWDER FOR INJECTION , Pharmacy,0005-149902-1021, CLOF (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,96372
 Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co.Pay,96374, THEF
 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, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 07-May-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (50S, SACHET)	7	1
(DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	21
(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7

Medicine	Dose	Duration	Quant
(SODIUM BICARBONATE BP : 1.77G) (SODIUM CITRATE (ANHYDROUS) USP : 0.61G) (CITRIC ACID (ANHYDROUS) BP : 0.59 G) (TARTARIC ACID BP : 0.89G) (CRANBERRY EXTRACT HIS : 0.1 G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (4G X 10, SACHET)	7	21
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	14	14