

**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 formDate: **08-May-2024**Clinic Name: **Irham Medical Center Arjan**Emirates: **784-1999-8707578-7**Card Holder's Name: **Mohamed Ali Chouika** Age: **24Y - 7M - 4D** Sex: **Male**Card Holder's Tel No: Mobile No: **0561818476**Ins Card No: **I011-010-118547042-02** Valid Upto: **7/6/2024**Company: **FMC NETWORK UAE**Name: **MANAGEMENT**

Employee

No:

Nationality: **Moroccan**

Clinical Details:

Temp

B.P.

Pulse.

Signs & Symptoms:

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow

Diagnosis: **Z18.10 - Retained metal fragments, unspecified, M01.X72 - Dir infct of left ank/ft in infec/parastc dis classd elswhr, S**
Laceration with foreign body, left foot, initial encounter

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

10120, REMOVE FOREIGN BODY , Co.Pay,9, Consultation Gp , General Consultation,0195-107704-0801, CEFTRIAXONE-TABUK I
Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

Doctor's Name: **Humaira** signature with seal:

Dr. Humaira Mu
 General Practitioner
 DHA No: 5415553
PESHAWAR MEDICAL C
 DUBAI - U.A.E

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 ab mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or person who has provided medical services to me to furnish any and all information with regard to any medical history, medical co medical services and copies of all medical and Clinic records.

Signature of the Patient

Date **08-May-2024**

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(CIPROFLOXACIN (AS HYDROCHLORIDE) : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	3	3
(DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	9
(IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (12S, BLISTER)	3	6

