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

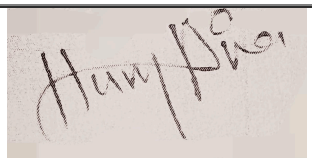
Date: 09-May-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1996-3269295-2
Card Holder's Name: PRIYANKA RAWAT DARBAN SINGH Age: 28Y - 2M - 29D Sex: Female
Card Holder's Tel No: Mobile No: 0561479268
Ins Card No: I011-010-117392367-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: Indian

Clinical Details: Temp 38 B.P. 112 Pulse. 108
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow up
Diagnosis: J03.90 - Acute tonsillitis, unspecified, R50.9 - Fever, unspecified, R52 - Pain, unspecified

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

0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 1 (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,96365, IV Infu Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Humaira signature with seal:



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTE
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 abo 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 09-May-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(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	7	7

Medicine	Dose	Duration	Quantity
	PACK)		
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	5	10