

ANNEXURE V

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

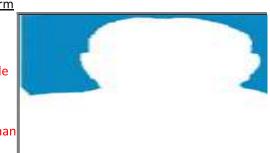
Date: 17-May-2024

Emirates: 784-1997-8083860-5 Clinic Name: Irham Medical Center Arjan Card Holder's Name: murtaza dawoodi Age: 26Y - 5M - 16D Sex: Male

Card Holder's Tel No: Mobile No: 0561442309 Ins Card No: 1011-010-119218997-02 Valid Upto: 7/6/2024

FMC NETWORK UAE Company Employee

Nationality: Afghan Name: MANAGEMENT CONSULTANCY No:

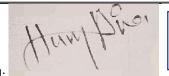


Clinical Details:	Temp <mark>36.3</mark>	B.P. <mark>120</mark>	Pulse. <mark>85</mark>
Signs & Symptoms: risk for fall			
Date of Onset Illness :		○ Emergency ○ Work re	elated O New visit O Follow up
Diagnosis: M62.838 - Other m	uscle spasm, R52 - Pain, unspecified		

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

0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DI SC/IM, Co.Pay,9, Consultation Gp, General Consultation

Doctor's Name: Humaira signature with seal:



Dr. Humaira Mumta: **General Practitioner** DHA No: 54155530-002 **PESHAWAR MEDICAL CENTE**

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 above 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 17-May-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(IBUPROFEN (AS L-ARGININE SALT) : 600 MG) GRANULES	GRANULES (12 X 3G, SACHET)	5	10
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER	10	10

Medicine	Dose	Duration	Quantity
	PACK)		
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	1	1