

**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: **17-May-2024**Clinic Name: **Irham Medical Center Arjan**Emirates: **784-1997-8083860-5**Card Holder's Name: **murtaza dawoodi**Age: **26Y - 5M - 16D** Sex: **Male**

Card Holder's Tel No:

Mobile No:

0561442309Ins Card No: **I011-010-119218997-02**Valid Upto: **7/6/2024**Company **FMC NETWORK UAE**

Employee

Name: **MANAGEMENT CONSULTANCY** No:Nationality: **Afghan**

Clinical Details:

Temp **36.3**B.P. **120**Pulse. **85**Signs & Symptoms: **risk for fall**

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up
Diagnosis: **M62.838 - Other muscle 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 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 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