



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: 20-May-2024

Clinic Name: Irham Medical Center Arjan

Emirates: 784-1991-0931305-8

Card Holder's Name: DISAN SSENKINDU

Age: 32Y - 9M - 6D Sex: Male

Card Holder's Tel No:

Mobile No:

971563093585

Ins Card No: I011-010-116914110-02

Valid Upto: 7/6/2024

Company FMC NETWORK UAE

Name: MANAGEMENT

Employee

No:

Nationality: Ugandan



Clinical Details:

Temp 36.4

B.P. 124

Pulse. 65

Signs & Symptoms: risk for fall

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: R22.9 - Localized swelling, mass and lump, unspecified, K13.0 - Diseases of lips

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

0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION , Pharmacy,9, Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay

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 records and copies of all medical and Clinic records.

Signature of the Patient

Date 20-May-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5
(IBUPROFEN (AS L-ARGININE SALT) : 600 MG) GRANULES	GRANULES (12 X 3G, SACHET)	5	10

