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

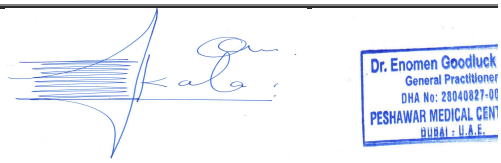
Date: 05-Jun-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1996-6543997-4
Card Holder's Name: Jaman Hossan Age: 27Y - 6M - 27D Sex: Male
Card Holder's Tel No: Mobile No: 0543433744
Ins Card No: I011-010-120042276-02 Valid Upto: 7/6/2024
Company Name: FMC Standard Network 3 Employee No: _____Nationality:Bangladeshi

Clinical Details: Temp36.4 B.P.100 Pulse. 81
Signs & Symptoms: Risk Of Fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: M17.11 - Unilateral primary osteoarthritis, right knee, R52 - Pain, unspecified

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

9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck signature with seal:



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

Signature of the Patient

Date 05-Jun-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(DICLOFENAC SODIUM : 100 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (10S, BLISTER PACK)	5	10
(DICLOFENAC SODIUM : 1%) GEL	GEL (30G, TUBE)	14	1