

ANNEXURE V

FMCNETWORKUAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

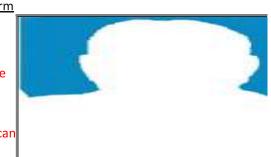
Date: 19-Jun-2024

Clinic Name: Irham Medical Center Arjan Emirates: 784-1982-9504053-3 Card Holder's Name: KAOUTAR LAOUJ Age: 41Y - 5M - 30D Sex: Female

Card Holder's Tel No: Mobile No: 0505240427
Ins Card No: 1019-010-119713290-01 Valid Upto: 7/6/2025

Company FMC Standard Employee National

Name: Network No: Nationality:Moroccan



Clinical Details:	Temp37.8	B.P.114	Pulse. <mark>93</mark>
Signs & Symptoms: risk for fall			
Date of Onset Illness :		○ Emergency ○ W	/ork related ○ New visit ○ Follow up

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R50.9 - Fever, unspecified, R05 - Cough, J03.90 - Acute tonsillitis,

unspecified, J30.9 - Allergic rhinitis, unspecified

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

9, Consultation Gp , General Consultation,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION INFUSION , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0195-107704

CEFTRIAXONE-TABUK IM-(CEFTRIAXONE: 1 G) POWDER FOR INJECTION, Pharmacy

Har Pro

Dr. Humaira Mumta; General Practitioner DHA No: 54155530-002 PESHAWAR MEDICAL CENTE DUBAI - U.A.E.

Doctor's Name: Humaira 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 aboundaries of 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 19-Jun-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)	7	7

Medicine	Dose	Duration	Quantity
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14
(CAFFEINE: 65 MG) (PARACETAMOL: 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	10
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14
(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE)	1	2