

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: 19-Jun-2024

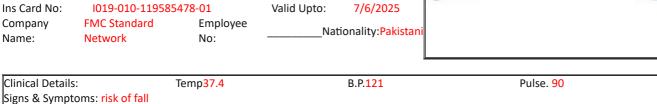
Date of Onset Illness:

M25.561 - Pain in right knee

Clinic Name: Irham Medical Center Arjan Emirates: 784-1997-3439699-9 Card Holder's Name: SHUJAAT KHAN ZAREEF KHAN Age: 26Y - 9M - 24D Sex: Male

Card Holder's Tel No: 0522743500 Mobile No: 1019-010-119585478-01 Ins Card No:

Company



Diagnosis: M00.861 - Arthritis due to other bacteria, right knee, M70.41 - Prepatellar bursitis, right knee, R50.9 - Fever, unspecified,

Management plan (Services inside the clinic including injections and investigations) 96360, HYDRATION IV INFUSION INIT , Co.Pay,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,0125-122107-1022,

DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE: 4 MG/ML) SOLUTION FOR INJECTION, Pharmacy,0005-149902-1021, CLOFEN Pharmacy,0131-116601-1001, (METRONIDAZOLE: 500 MG/100ML) SOLUTION FOR INFUSION, Pharmacy,2190-106618-1001, PARAFUSIV

I.V. 10MG/ML-(PARACETAMOL: 10 MG/ML) SOLUTION FOR INFUSION, Pharmacy, THER/PROPH/DIAG INJ IV PUSH, Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM, Co

Doctor's Name: Enomen Goodluck signature with seal: Dr. Enomen Goodluck Ekata PESHAWAR MEDICAL CENTER LLC

○ Emergency ○ Work related ○ New visit ○ Follow up visit

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 abovementioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or 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	Price
(LEVOFLOXACIN (AS HEMIHYDRATE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (7S, BLISTER PACK)	7	7	0.0000
(METRONIDAZOLE : 500 MG) TABLETS	TABLETS (20S, BLISTER)	10	20	0.0000
(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10	0.0000
(DICLOFENAC SODIUM : 1%) GEL	GEL (50G, TUBE)	7	1	0.0000