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
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: Mobile No: 0522743500
Ins Card No: I019-010-119585478-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp37.4 B.P.121 Pulse. 90
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: M00.861 - Arthritis due to other bacteria, right knee, M70.41 - Prepatellar bursitis, right knee, R50.9 - Fever, unspecified, M25.561 - Pain in right knee

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

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 20040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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 above-mentioned 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