

ANNEXURE V

FMCNETWORKUAE

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

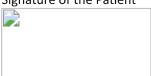
Medical Expenses Claim form

Date: 15-Aug	-2024					
Clinic Name: Card Holder': Name:			nirates: 784-1994 Age: 13D	1-8074748-6 1 - Sex:Male		
Card Holder's	Tel No:	Mobile No:	0527095	462		
Ins Card No:	1020-010-1185	26841-03	Valid Upto:	27/4/2025		
Company	FMC Standard	Employee	Nasta	n a lian . Da lai aka mi		
Name:	Network	No:	Natio	nality:Pakistani		
Climinal Data:	I	T 2C 4		D D 120	pl	00
		1emp36.4		B.P.129	Puls	se. 86
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		unspecified, right e	ear, K12.30 - Oral n	nucositis (ulcera	ative), unspecified, R52	- Pain, unspecified,
Fever, unspec	FATEH ISPATEH ISPAT					
Manageme	nt plan (Services ins	ide the clinic includ	ing injections and	investigations)		
0195-107704	I-0801, CEFTRIAXON	E-TABUK IV , Pharm	acy,96365, IV INF	USION THERAP	Y/PROPHYLAXIS /DX 15	T TO 1 HR, Co.Pay,9
Consultation	Gp , General Consu	Itation				
					Han Des	General Practitione DHA No: 54155530- CITICARE MEDICAL CEN
Doctor's Name: Humaira		signatur	e with seal:	MAG 1944		
Diagnostic Pr	ocedures referred c	utside:				

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the abore 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 cormedical services and copies of all medical and Clinic records.

Signature of the Patient

Date 15-Aug-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	7

Medicine	Dose	Duration	Quantity
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14
(FLUCONAZOLE : 150 MG) CAPSULES	CAPSULES (1S, BLISTER PACK)	3	3
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	10