

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

			<u>Medical Exper</u>	ises Claim form		
Name: JA Card Holder's Tel No Ins Card No: IC Company FMC	OHAMMED DU ASHIMUDDIN	AL MOHAMMED Mobile No:	Age: 0D 0559682 Valid Upto:	7M - Sex:Male		
Clinical Details:	7	emp <mark>35.7</mark>		B.P.1112	Pul	se. 71
Signs & Symptoms:						
Date of Onset Illnes	ss:			○ Emergency	○ Work related ○ N	ew visit O Follov
Diagnosis: R51.9 - H	leadache, unspe	cified, R50.9 - Fe	ver, unspecified,			
,						
Management plar	n (Services inside	the clinic includ	ing injections and	l investigations)		
· ·	METHASONE : 4 eneral Consultat	MG/ML) SOLUTION	ON FOR INJECTIO	•	.ab,0125-122107-1022 .372, THER/PROPH/DIA	
mentioned examina person who has pro medical services and	he physician, Ho ition/Investigatic vided medical se	spital or pharma in/therapy is give rvices to me to f edical and Clinic i	en to me by the d furnish any and al	octor. I hereby a	ces on my behalf and l uthorize any Clinic, Ph th regard to any medic	ysician, Pharmacy
Date 15-Aug-2025						

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(PARACETAMOL : 500 MG) (CAFFEINE : 65 MG) FILM COATED TABLETS	FILM COATED TABLETS (72S, BLISTER)	3	9
(OXOMEMAZINE : 0.33 MG/ML) SYRUP	SYRUP (150ML, PLASTIC BOTTLE)	3	1