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

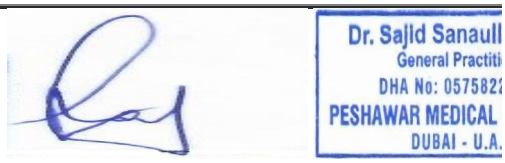
Date: 22-Oct-2023
Clinic Name: Irham Medical Center Arjan Emirates: 784-1990-3510538-8
Card Holder's Name: WAQAS ALI MAZHAR HUSSAIN Age: 33Y - 7M - 14D Sex: Male
Card Holder's Tel No: Mobile No: 0551357744
Ins Card No: I020-010-117415422-02 Valid Upto: 27/4/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____Nationality:Pakistani

Clinical Details: Temp37.8 B.P.131 Pulse. 104
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow
Diagnosis: B35.3 - Tinea pedis, L08.9 - Local infection of the skin and subcutaneous tissue, unsp, A49.9 - Bacterial infection, unsp - Type 2 diabetes mellitus without complications, L29.9 - Pruritus, unspecified, R52 - Pain, unspecified

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

9, Consultation Gp , General Consultation,82947, ASSAY GLUCOSE BLOOD QUANT , Lab,0067-107701-0801, (CEFTRIAXONE : 10 POWDER FOR INJECTION , Pharmacy,96365, IV Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co.Pay

Doctor's Name: Sajid Sanaullah 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 ab mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy o person who has provided medical services to me to furnish any and all information with regard to any medical history, medical c medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 22-Oct-2023

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	20
(LEVOCETIRIZINE (DIHCL OR HCL) : 5 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10
(FUSIDIC ACID : 2%) CREAM	CREAM (15G, TUBE)	10	1

Medicine	Dose	Duration	Quant
(TERBINAFINE (AS HCL) : 1%) CREAM	CREAM (15G, TUBE)	10	1