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

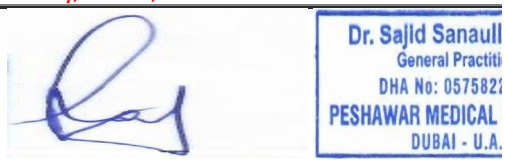
Date: 23-Oct-2023
Clinic Name: Irham Medical Center Arjan Emirates: 784-1993-1921793-3
Card Holder's Name: SITI KOMARIAH Age: 30Y - 8M - 27D Sex: Female
Card Holder's Tel No: Mobile No: 0561980747
Ins Card No: I005-010-118578458-01 Valid Upto: 6/9/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____Nationality:Indonesian

Clinical Details: Temp37.2 B.P.110 Pulse. 90
Signs & Symptoms: Risk of Fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: R52 - Pain, unspecified, K29.00 - Acute gastritis without bleeding, R51.9 - Headache, unspecified

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

9, Consultation Gp , General Consultation,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) PO INFUSION , Pharmacy,81005, URINALYSIS , Lab,0751-230501-2091, (DEXTROSE ANHYDROUS : 4 GR) (SODIUM CITRATE : 0.58G (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CHLORIDE : 0.70G) ORAL POWDER , Pharmacy,96360, HYDRATION IV INFUSION INIT Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , 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 23-Oct-2023

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantit
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	10	30