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

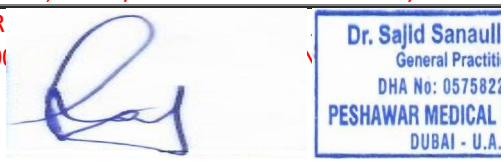
Medical Expenses Claim form

Date: 24-Oct-2023
Clinic Name: Irham Medical Center Arjan Emirates: 784-1996-2247217-5
Card Holder's Name: MUHAMMAD ASHTSHAM ASLAM MUHAMMAD ASLAM Age: 27Y - 3M - 8D Sex: Male
Card Holder's Tel No: Mobile No: 0563407270
Ins Card No: I011-010-118961344-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 38 B.P. 130 Pulse. 96
Signs & Symptoms: Risk of Fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow
Diagnosis: J02.9 - Acute pharyngitis, unspecified, J20.9 - Acute bronchitis, unspecified, R50.9 - Fever, unspecified, R68.83 - Chills fever), R05 - Cough

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

9, Consultation Gp , General Consultation,0003-122102-1161, (DEXAMETHASONE : 0.1 MG/ML) SYRUP , Pharmacy,0005-14990
CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,0120-253701-1161, (CHLORPHENIRAMIN
MG/5ML) (DEXTROMETHORPHAN : 5 MG/5ML) SYRUP , Pharmacy,2849-100143-0991, 5% W/V DEXTROSE 0.45% & W/V SODI
CHLORIDE , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,96374, THER
INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMICORT , Pharmacy,00



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 24-Oct-2023

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14
(IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER)	6	24
(LORATADINE : 10 MG) TABLETS	TABLETS (30S, BLISTER PACK)	10	20

Medicine	Dose	Duration	Quant
(SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (150ML, GLASS BOTTLE)	7	1