Date: 24-Oct-2023



## 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

Clinic Name: Irham Me	dical Center Arjan	Emirates: 784-199	99-2610697-4
Card Holder's Name:	PRECIOUS EDWIN	Age: 24Y - 9M - 3D	Sex: Female
Card Holder's Tel No:	Mobile	No: 05631	64345
Ins Card No: 1005-03	10-119676821-01	Valid Upto:	20/7/2024
Company Name: FMC NETWO MANAGEME CONSULTANO	NT Employ	yee Natio	Sierra onality: Leonean

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Clinical Details:	Temp <mark>36.4</mark>	B.P.110	Pulse. <mark>64</mark>
Signs & Symptoms: Risk of Fall			
Date of Onset Illness :		○ Emergency ○ Wo	rk related $\bigcirc$ New visit $\bigcirc$ Follow
Diagnosis: K29.00 - Acute gast	tritis without bleeding, R10	).13 - Epigastric pain, L60.1 - Onychol	vsis. B35.1 - Tinea unguium

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

0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION , Pharmacy,96365, I Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co.Pay,0005-136504-1021, SCOPINAL , Pharmacy,9, Consultation Gp , Ge Consultation



Dr. Enomen Goodluck General Practitioner DHA No: 28040827-00 PESHAWAR MEDICAL CENT BURAL: U.A.E.

Doctor's Name: Enomen Goodluck

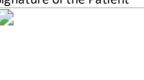
signature with seal:

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 or 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
(PANTOPRAZOLE (AS SODIUM SESQUIHYDRATE) : 40 MG) GASTRO- RESISTANT TABLETS	GASTRO-RESISTANT TABLETS (14S, BLISTER)	7	14
(HYOSCINE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10
(ALUMINIUM HYDROXIDE : 300 MG) (SIMETHICONE : 10 MG) (MAGNESIUM HYDROXIDE : 25 MG) (MAGNESIUM TRISILICATE : 50 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (20S, STRIP)	5	20