

**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 formDate: **24-Oct-2023**Clinic Name: **Irham Medical Center Arjan**Emirates: **784-1999-2610697-4**Card Holder's Name: **PRECIOUS EDWIN**Age: **24Y - 9M - 3D** Sex: **Female**

Card Holder's Tel No:

Mobile No:

0563164345Ins Card No: **I005-010-119676821-01**Valid Upto: **20/7/2024**

Company **FMC NETWORK UAE**
 Name: **MANAGEMENT**
CONSULTANCY

Employee No: _____ Nationality: **Sierra Leonean**



Clinical Details:

Temp **36.4**B.P. **110**Pulse. **64**Signs & Symptoms: **Risk of Fall**

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: **K29.00 - Acute gastritis without bleeding, R10.13 - Epigastric pain, L60.1 - Onycholysis, B35.1 - Tinea unguis**

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

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 or 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	Quantity
(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

