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: 20-Nov-2023
Clinic Name: Irham Medical Center Arjan Emirates: 784-1991-1524413-1
Card Holder's Name: ESTHER ANGATIA SHITERA Age: 32Y - 1M - 12D Sex: Female
Card Holder's Tel No: Mobile No: 0523811513
Ins Card No: I011-010-118620273-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE Employee No: _____Nationality:Kenyan

Clinical Details: Temp36.8 B.P.105 Pulse. 75
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow
Diagnosis: M1A.3520 - Chronic gout due to renal impairment, left hip, w/o tophus, I87.331 - Chronic venous htn w ulcer and i of r low extrem

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

82947, ASSAY GLUCOSE BLOOD QUANT , Lab,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0005-149902-1021, CLOFEN -(DICL SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,9, Consultation Gp , General Consultation

Doctor's Name: Sajid Sanaullah signature with seal:

Dr. Sajid Sanaull
General Practiti
DHA No: 057582
PESHAWAR MEDICAL
DUBAI - U.A

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 20-Nov-2023

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(CAFFEINE : 65 MG) (IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	20