

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

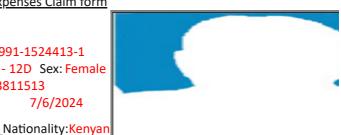
Date: 20-Nov-2023

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: 1011-010-118620273-02 Valid Upto: 7/6/2024

Company FMC NETWORK UAE **Employee**

Name: MANAGEMENT CONSULTANCY No:



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

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

Diagnostic Procedures referred outside:

signature with seal:

Dr. Salid Sanauli **General Practiti** DHA No: 057582 **PESHAWAR MEDICAL** DUBAI - U.A

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