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

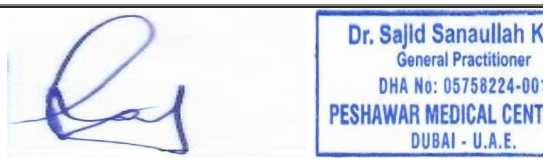
Date: 30-Nov-2023
Clinic Name: Irham Medical Center Arjan Emirates: 784-1991-5514000-9
Card Holder's Name: kumale tesema sobokisa Age: 32Y - 7M - 10D Sex: Female
Card Holder's Tel No: Mobile No: 0506368108
Ins Card No: I005-010-116899434-01 Valid Upto: 6/9/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____Nationality:Ethiopian

Clinical Details: Temp36.7 B.P.124 Pulse. 81
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: T78.40XS - Allergy, unspecified, sequela, H10.13 - Acute atopic conjunctivitis, bilateral, R06.7 - Sneezing

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

9, Consultation Gp , General Consultation,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,86140, C REACTIVE PROTEIN , Lab,81005, URI Lab

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

Signature of the Patient

Date 30-Nov-2023

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(ACITRETIN : 10 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (30S, BLISTER)	30	60