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

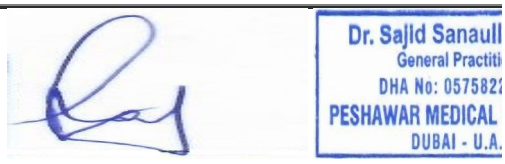
Date: 24-Mar-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1994-8818795-8
Card Holder's Name: AYE THINZAR OO Age: 29Y - 5M - 15D Sex: Female
Card Holder's Tel No: Mobile No: 0547662804
Ins Card No: I011-010-118372812-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____Nationality:Myanmarese

Clinical Details: Temp36.6 B.P.110 Pulse. 80
Signs & Symptoms: Risk of Fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: R07.9 - Chest pain, unspecified

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

93000, ELECTROCARDIOGRAM COMPLETE , Co.Pay,9, Consultation Gp , General Consultation

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 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 c medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 24-Mar-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantit
(ESOMEPRAZOLE : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	5	5
(NAPROXEN : 250 MG) TABLETS	TABLETS (30S, BOX)	3	3