

**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: **29-Mar-2024**Clinic Name: **Irham Medical Center Arjan** Emirates: **784-1990-9667627-7**Card Holder's Name: **NABEEL GULZAR GULZAR HUSSAIN** Age: **34Y - 2M - 11D** Sex: **Male**Card Holder's Tel No: Mobile No: **0503851750**Ins Card No: **I011-010-118068388-02** Valid Upto: **4/5/2024**Company **FMC NETWORK UAE**Name: **MANAGEMENT**

Employee

No:

Nationality: **Pakistani**

Clinical Details:

Temp **36.8**B.P. **134**Pulse. **84**Signs & Symptoms: **Risk of Fall**

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: **N20.2 - Calculus of kidney with calculus of ureter**

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

9, Consultation Gp , General Consultation, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 0005-149902-1021, CLOFEN , PharmacDoctor's Name: **Enomen Goodluck**

signature with seal:

Dr. Enomen Goodluck
 General Practitioner
 DHA No: 28040827-08
 PESHAWAR MEDICAL CENT
 DUBAI - U.A.E.

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 **29-Mar-2024**

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(DICLOFENAC POTASSIUM : 50 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (10S, BLISTER PACK)	5	10
(HYOSCINE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10