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: 31-Mar-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1993-3629597-9
Card Holder's Name: SYLVIA AKOTH OGILLO Age: 30Y - 3M - 11D Sex: Female
Card Holder's Tel No: Mobile No: 0544738538
Ins Card No: I011-010-117045965-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE Employee No: _____Nationality:Kenyan

Clinical Details: Temp36.8 B.P.109 Pulse. 74
Signs & Symptoms: Risk of Fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: K29.00 - Acute gastritis without bleeding, R11.11 - Vomiting without nausea, R50.9 - Fever, unspecified, R10.30 - Lower abdominal pain, unspecified, D64.9 - Anemia, unspecified

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

96365, IV Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co.Pay,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,0005-242802-0781, PANTONIX 40MG I.V. , Pharmacy,0005-136504-1021, SCOPINAL , Pharmacy,2190-106618-1001, PAR I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,9, Consultation Gp , General Consultation,9637 THER/PROPH/DIAG INJ IV PUSH , Co.Pay

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
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 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 31-Mar-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	7	14

Medicine	Dose	Duration	Quantity
(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	10
(PARACETAMOL : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	18
(ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (50S, BLISTER PACK)	7	28
(IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX) : 100 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	60	60