

ANNEXURE V

M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel - 04 3871900, Fax - 04 3977842 Email - approval@fmchealthcare.ae Helpline Number: 600-565691

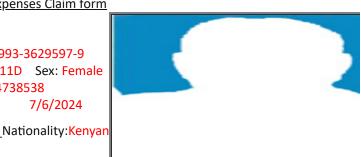
Medical Expenses Claim form

Date:	31-Mar-2	024
Clinic	Name:	Irha

Emirates: 784-1993-3629597-9 m Medical Center Arjan Card Holder's Name: SYLVIA AKOTH OGILLO Age: 30Y - 3M - 11D Sex: Female

Card Holder's Tel No: Mobile No: 0544738538 Ins Card No: 1011-010-117045965-02 Valid Upto: 7/6/2024

FMC NETWORK UAE Company **Employee** Name: MANAGEMENT CONSULTANCY No:



Clinical Details:	Temp <mark>36.8</mark>	B.P. <mark>109</mark>	Pulse. <mark>74</mark>
Signs & Symptoms: Risk	of Fall		
Date of Onset Illness :		○ Emergency ○ Wo	ork related O New visit O Follow up
	e gastritis without bleeding, R11 ified, D64.9 - Anemia, unspecifie	· · · · · · · · · · · · · · · · · · ·	0.9 - Fever, unspecified, R10.30 - Lowe
abdominal pain, unspec	med, 504.5 Anemia, unspecific		

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 $^{\prime}$

THER/PROPH/DIAG INJ IV PUSH, Co.Pay

Doctor's Name: Enomen Goodluck signature with seal: Dr. Enomen Goodluck Ekata DHA No: 28040827-001 PESHAWAR MEDICAL CENTER LLC

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 above 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