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: 02-Apr-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1993-3629597-9
Card Holder's Name: SYLVIA AKOTH OGILLO Age: 30Y - 3M - 13D 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: Temp B.P. Pulse.
Signs & Symptoms:
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow
Diagnosis: K29.00 - Acute gastritis without bleeding, R10.13 - Epigastric pain, G43.009 - Migraine w/o aura, not intractable, w/ migrainosus

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

96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0005-149902-1021, CLOFEN , Pharmacy,9.01, Free Follow-Up Consultation Gp , G Consultation

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen Goodluck
General Practitioner
DHA No: 23040827-00
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 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 02-Apr-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(SUMATRIPTAN : 100 MG) TABLETS	TABLETS (2S, BLISTER PACK)	4	4