

**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: 04-Apr-2024

Clinic Name: Irham Medical Center Arjan

Emirates: 784-1996-1234990-4

Card Holder's Name: Ibrahim Hussuein

Age: 28Y - 2M - 4D Sex: Male

Card Holder's Tel No:

Mobile No:

0565204870

Ins Card No: I011-010-119916121-01

Valid Upto: 7/8/2024

Company FMC NETWORK UAE

Employee

Name: MANAGEMENT CONSULTANCY No:

Nationality: Syrian



Clinical Details:

Temp 36.7

B.P. 117

Pulse. 86

Signs & Symptoms: Risk of FALL

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

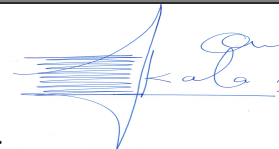
Diagnosis: L03.032 - Cellulitis of left toe, L60.0 - Ingrowing nail

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

9, Consultation Gp , General Consultation, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 0195-107704-0802, CEFTRIAXONE-TABUK Pharmacy

Doctor's Name: Enomen Goodluck

signature with seal:

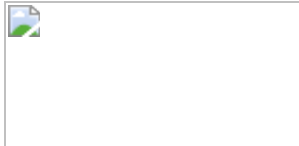



Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the 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 records, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 04-Apr-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG)	TABLETS (14S, BLISTER PACK)	7	14

Medicine	Dose	Duration	Quantity
TABLETS			