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: 19-Apr-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1994-4750826-0
Card Holder's Name: HAMMAD ABBAS MUHAMMAD ABBAS Age: 29Y - 7M - 3D Sex: Male
Card Holder's Tel No: Mobile No: 0524402256
Ins Card No: I011-010-114308630-01 Valid Upto: 4/5/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 37.2 B.P. 120 Pulse. 93
Signs & Symptoms: Risk Of Fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J30.9 - Allergic rhinitis, unspecified, K29.00 - Acute gastritis w bleeding

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

9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen Goodluck
General Practitioner
DHA No: 20040827-00
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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 19-Apr-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(CHLORHEXIDINE : 10 MG/ML) LIQUID FOR MOUTHWASH	LIQUID FOR MOUTHWASH (300ML, BOTTLE)	1	1
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	7	14

Medicine	Dose	Duration	Quant
(MULTIVITAMINS : N/A) CAPSULES (SOFT GELATIN)	CAPSULES (SOFT GELATIN) (25S, BLISTER PACK)	30	60
(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, GLASS BOTTLE)	5	1
(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (15S, BLISTER)	7	1