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: 22-Apr-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1985-3271083-1
Card Holder's Name: MUHAMMAD IMRAN MUMTAZ AHMAD KHAN Age: 39Y - 3M - 21D Sex: Male
Card Holder's Tel No: Mobile No: 0506607604
Ins Card No: I020-010-117744302-02 Valid Upto: 27/4/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 37.1 B.P. 133 Pulse. 100
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow
Diagnosis: M62.831 - Muscle spasm of calf, M79.672 - Pain in left foot, R12 - Heartburn, M19.93 - Secondary osteoarthritis, ur

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

9, Consultation Gp , General Consultation,96365, IV Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co.Pay,383 1001, (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,86140, C REACTIVE PROTEIN , Lab

Doctor's Name: Humaira 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 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 22-Apr-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	5	15
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	5	5
(DICLOFENAC POTASSIUM : 25 MG) COATED TABLETS	COATED TABLETS (20S, BLISTER PACK)	5	5
(DICLOFENAC SODIUM (AS DIETHYLAMINE) : 10 MG/G) GEL	GEL (20G, TUBE)	5	5

Medicine	Dose	Duration	Quant
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	5
(DICLOFENAC SODIUM (AS DIETHYLAMINE) : 10 MG/G) GEL	GEL (75G, DISPENSER)	5	5