

**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 formDate: **24-Apr-2024**Clinic Name: **Irham Medical Center Arjan** Emirates: **784-1998-4268164-7**Card Holder's Name: **BILAL ALI MUSHTAQ ALI** Age: **26Y - 3M - 16D** Sex: **Male**Card Holder's Tel No: Mobile No: **0588764213**Ins Card No: **1020-010-117121103-02** Valid Upto: **27/4/2024**Company **FMC NETWORK UAE**Name: **MANAGEMENT
CONSULTANCY**Employee No: _____ Nationality: **Pakistani**Clinical Details: Temp **36.5** B.P. **111** Pulse. **78**Signs & Symptoms: **RISK OF FALL**Date of Onset Illness : _____ ☐ Emergency ☐ Work related ☐ New visit ☐ FollowDiagnosis: **N39.0 - Urinary tract infection, site not specified, E86.0 - Dehydration, R19.7 - Diarrhea, unspecified, R12 - Heartburn, Weakness**Management plan (Services inside the clinic including injections and investigations)

9, Consultation Gp , General Consultation, 0067-107701-0801, (CEFTRIAXONE : 1000 MG) POWDER FOR INJECTION , Pharmacy 152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION , Pharmacy, 1119-693601-4031, (OMEPRazole (AS SODIUM)) : 40 MG) POWDER FOR INJECTION , Pharmacy, 86140, C REACTIVE PROTEIN , Lab, 81000, URIC ACID ANALYSIS NONAUTO W/SCORING , Lab, 96365, Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co.Pay, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

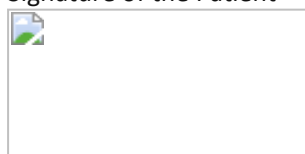
Doctor's Name: **Humaira**

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, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date **24-Apr-2024**Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(ESOMEPRazole (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	14	14
(SODIUM BICARBONATE BP : 1.77G) (SODIUM CITRATE (ANHYDROUS) USP : 0.61G) (CITRIC ACID (ANHYDROUS) BP : 0.59 G) (TARTARIC ACID BP : 0.89G) (CRANBERRY EXTRACT HIS : 0.1 G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (4G X 10, SACHET)	7	21

Medicine	Dose	Duration	Quant
(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7
(DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	21