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

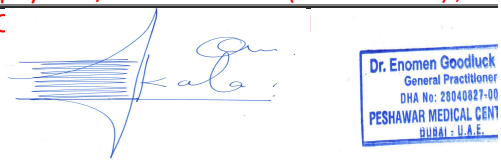
Date: 24-Apr-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1998-4268164-7
Card Holder's Name: BILAL ALI MUSHTAQ ALI Age: 26Y - 3M - 16D Sex: Male
Card Holder's Tel No: Mobile No: 0588764213
Ins Card No: I020-010-117121103-02 Valid Upto: 27/4/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____Nationality:Pakistani

Clinical Details: Temp36.5 B.P.111 Pulse. 78
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: N39.0 - Urinary tract infection, site not specified, E86.0 - Dehydration, R19.7 - Diarrhea, unspecified, R12 - Heartbu
Weakness

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

9, Consultation Gp , General Consultation,0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION , Pharmacy,86140, C REACTIVE Lab,81000, URINALYSIS NONAUTO W/SCOPE , Lab,96365, IV Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co
THER/PROPH/DIAG INJ IV PUSH , Co.Pay,1119-693601-4031, (OMEPRAZOLE (AS SC , Pharmacy,0195-107704-0802, CEFTRIAXONE-TABUK IM , 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 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 24-Apr-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(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
(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (50S, SACHET)	7	1