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: 01-May-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1982-9504053-3
Card Holder's Name: KAOUTAR LAOUJ Age: 41Y - 4M - 11D Sex: Female
Card Holder's Tel No: Mobile No: 0505240427
Ins Card No: I011-010-119713290-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____Nationality:Moroccan

Clinical Details: Temp36.5 B.P.109 Pulse. 87
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: H92.01 - Otalgia, right ear, J30.9 - Allergic rhinitis, unspecified, M79.603 - Pain in arm, unspecified

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

0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION , Pharmacy,0078-149902-1022, (D
SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,86140, C REACTIVE PROTEIN , Lab,9, Consultation Gp , General
Consultation,96365, IV Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co.Pay,96372, THER/PROPH/DIAG INJ S

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 a
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 01-May-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	7	14
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	1	3