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: 13-Apr-2023
Clinic Name: Irham Medical Center Arjan Emirates: 784-1983-6048039-0
Card Holder's Name: Atif Shakoor Muhammad Shakoor Age: 39Y - 10M - 15D Sex: Male
Card Holder's Tel No: Mobile No: 0558358453
Ins Card No: I011-010-118184761-01 Valid Upto: 7/6/2023
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 36.9 B.P. 127 Pulse. 94
Signs & Symptoms: Risk of Fall
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: I95.9 - Hypotension, unspecified

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

2849-100143-0991, 5% W/V DEXTROSE 0.45% & W/V SODIUM CHLORIDE-(DEXTROSE : 5% W/V) (SODIUM CHLORIDE : 0.45% W/V) SOLUTION , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 20040827-001
PESHAWAR MEDICAL CENTER LLC
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 above-mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or any oth person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 13-Apr-2023

Pharmaceuticals (to be filled by treating doctor only)