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

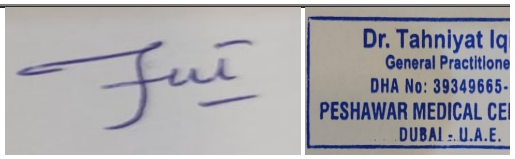
## Medical Expenses Claim form

Date: 21-Nov-2022
Clinic Name: Irham Medical Center Arjan Emirates: 784-1988-8333649-1
Card Holder's Name: KHIN PA PA AUNG Age: 34Y - 10M - 3D Sex: Female
Card Holder's Tel No: Mobile No: 0523556229
Ins Card No: I011-010-118184690-01 Valid Upto: 7/6/2023
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____Nationality: Myanmarese

Clinical Details: Temp36.9 B.P.120 Pulse. 80
Signs & Symptoms: Risk of Fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: M47.892 - Other spondylosis, cervical region, R52 - Pain, unspecified

Management plan (Services inside the clinic including injections and investigations)
9, Consultation Gp , General Consultation

Doctor's Name: TAHNIYAT 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 ab mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy o person who has provided medical services to me to furnish any and all information with regard to any medical history, medical c medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 21-Nov-2022

Pharmaceuticals (to be filled by treating doctor only)

| Medicine | Dose | Duration | Quantity | I |
|---|---|---|---|---|
| (SERRATIOPEPTIDASE : 5 MG) ENTERIC COATED TABLETS | ORAL | 10 | 20 | ( |
| (DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS | ORAL | 7 | 20 | ( |