

Medical Expenses Claim Form								
Date	:	2024-03-09	Clinic Name	:	VISION MEDICAL & DENTAL CENTER (Abu Dhabi)	Emirates ID	:	784-1991-2906159-3
Card Holder's Name	:	Alston Rebello	Age	:	27	Gender	:	Male
Mobile No	:	971506245967	Ins Card No	:	1234	Valid Upto	:	2023-12-20
Company Name	:	ADNIC	Employee No	:	GD007	Nationality	:	Indian

Clinical Details	
Signs & Symptoms	
Date of Onset Illness : 2024-03-09	
<input type="radio"/> Emergency <input type="radio"/> Work related <input type="radio"/> New visit <input checked="" type="radio"/> Follow up visit	
Diagnosis : (Induced) termination of pregnancy with unsp complications	
Management plan (Services inside the clinic including injections and investigations)	
Ahmad Irfan - Hijama (GD007) Doctor Name	<div></div> Signature & Stamp
Diagnostic Procedures referred outside	
sss	

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 other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.



Patient's Signature
2024-03-09
Date

Pharmaceuticals (to be filled by treating doctor only)