

**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: 30-Jul-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1991-5953246-6

 Card Holder's Name: MUHAMMAD SULTAN MUHAMMAD
 Age: 32Y - 7M - 1D Sex: Male

Card Holder's Tel No: Mobile No: 0524998707

Ins Card No: I020-010-120414168-02 Valid Upto: 27/4/2025

 Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY
 Employee No: Nationality: Pakistani


Clinical Details: Temp 36.4 B.P. 134 Pulse. 78

Signs & Symptoms: RISK FOR FALL

Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: K29.70 - Gastritis, unspecified, without bleeding, R10.13 - Epigastric pain

Management plan (Services inside the clinic including injections and investigations)
 9, Consultation Gp , General Consultation, 0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWI
 INFUSION , Pharmacy, 0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION , Pharmacy, 96365, IV INF
 THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 96360, HYDRATION IV INFUSION INIT , Co.Pay

Doctor's Name: Humaira

signature with seal:

 Dr. Humaira Mumta
 General Practitioner
 DHA No: 54155530-00
 CITICARE MEDICAL CENTE
 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 abo
 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a
 person who has provided medical services to me to furnish any and all information with regard to any medical history, medical cor
 medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 30-Jul-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	7	14

Medicine	Dose	Duration	Quantity
(ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS	CHEWABLE TABLETS (60S, TUBE)	7	21