

## ANNEXURE V

Medical Expenses Claim form

## F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Date: <mark>30-Ju</mark>	l-2024				
Clinic Name	e: CITICARE MEDICAL	CENTER LLC Er	nirates: 784-19	991-5953246-6	
Card Holde	er's MUHAMMAD	SULTAN MUHAMM	IAD Age: 32Y	' - 7M - Sex:Male	
Name:	YOUSAF		1.86.1D	JCX.IVIGIC	
Card Holde	r's Tel No:	Mobile No:	05249	98707	
Ins Card No	: 1020-010-12041	4168-02	Valid Upto:	27/4/2025	
Company Name:	FMC NETWORK UAE MANAGEMENT CONSULTANCY	Employee No:	Na	tionality: <mark>Pakistan</mark> i	i
Clinical Det	ails:	Temp <mark>36.4</mark>		B.P.134	Pulse. 78
Signs & Syn	nptoms: RISK FOR FAL	L			
Date of Onset Illness :			○ Emergency ○ Work related ○ New visit ○ Follow up		
Diagnosis: I	K29.70 - Gastritis, uns	pecified, without bl	eeding, R10.13	- Epigastric pain	
				-	
Managen	nent plan (Services ins	ide the clinic includ	ing injections a	nd investigations)	
9, Consulta	tion Gp , General Con	sultation,0005-2428	302-0781, PANT	ONIX 40MG I.V(F	PANTOPRAZOLE (AS SODIUM) : 40 MG) POWI

INFUSION, Pharmacy,0005-136504-1021, SCOPINAL-(HYOSCINE: 20 MG/ML) SOLUTION FOR INJECTION, Pharmacy,96365, IV INF

Doctor's Name: Humaira signature with seal:

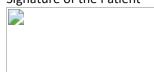
THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96360, HYDRATION IV INFUSION INIT , Co.Pay

Dr. Humaira Mumta General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAL - II A F

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the abore 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 cormedical 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)

Diagnostic Procedures referred outside:

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