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

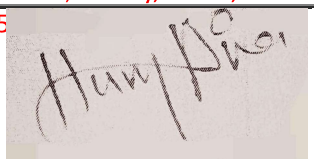
Date: 30-Jul-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1991-5953246-6
Card Holder's Name: MUHAMMAD SULTAN MUHAMMAD YOUSAF Age: 32Y - 7M - 1D Sex: Male
Card Holder's Tel No: Mobile No: 0524998707
Ins Card No: I020-010-120414168-02 Valid Upto: 27/4/2025
Company Name: FMC Standard Network 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,96360, HYDRATION IV INFUSION I
Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0005
PANTONIX 40MG I.V. , Pharmacy,9, Consultation Gp , General Consultation

Doctor's Name: Humaira 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 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
(ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC	CHEWABLE TABLETS (60S,	7	21

Medicine	Dose	Duration	Quantity
ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS	TUBE)		