

**ANNEXURE V****F M C NETWORK UAE**

P. O. BOX: 50430, DUBAI, P. O. BOX: 127452, ABU DHABI

Tel – 04 3977841, Fax – 04 3977842

Email – claims@fmchealthcare.ae Toll Free: 800 3426**Reimbursement Medical Expenses Claim form**

(Emergency Only)

Date: 30-Jul-2024

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1994-2299080-6

Card Holder's Name: ADNAN YAQOOB

Age: 30Y - 0M - 27D Sex: Male

Card Holder's Tel No:

Mobile No:

0566465723

Ins Card No: I019-010-118915814-01

Valid Upto: 7/6/2025

Company FMC Standard

Employee

Name: Network

No:

Nationality: Pakistani



Clinical Details:

Temp 36.1

B.P. 136

Pulse. 96

Signs & Symptoms: RISK FOR FALL

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Diagnosis: L01.00 - Impetigo, unspecified, L02.422 - Furuncle of left axilla, L02.93 - Carbuncle, unspecified

Management plan (Services inside the clinic including injections and investigations)

Doctor's Name: Enomen Goodluck

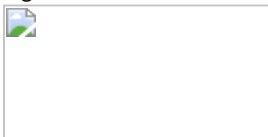
signature with seal:

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 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.

Signature of the Patient

Date 30-Jul-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14	0.0000
(FEXOFENADINE HCL : 120 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	15	30	0.0000