

**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: 31-Jul-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2002-1729127-5

Card Holder's Name: WAQAS SAJID GUL BAHAR SAJID Age: 21Y - 9M - 11D Sex: Male

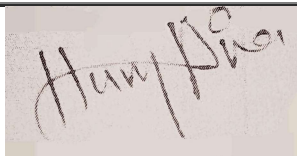
Card Holder's Tel No: Mobile No: 521356568

Ins Card No: 183-24-H000515-00 Valid Upto: 27/4/2025

Company: FMC Standard Employee Name: Network No: Nationality: Pakistani



Clinical Details:	Temp 36.6	B.P. 100	Pulse. 68
Signs & Symptoms: risk for fall			
Date of Onset Illness :		☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit	
Diagnosis: R50.9 - Fever, unspecified, H66.92 - Otitis media, unspecified, left ear, S01.312A - Laceration without foreign body of left ear, init enctr, K29.00 - Acute gastritis without bleeding			

Management plan (Services inside the clinic including injections and investigations)	
0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 9, Consultation Gp , General Consultation	
Doctor's Name: Humaira signature with seal:	 Dr. Humaira Mumtaz General Practitioner DHA No: 54155530-002 CITICARE MEDICAL CENTER LLC 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 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 31-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
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14	0.0000
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	10	0.0000
(ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	7	7	0.0000