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: 17-Aug-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-5293873-1
Card Holder's Name: BRAIYAN MBUGUA Age: 27Y - 10M - 16D Sex: Male
Card Holder's Tel No: Mobile No: 0586728320
Ins Card No: I019-010-118022352-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Kenyan

Clinical Details: Temp36.9 B.P.112 Pulse. 90
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: A60.9 - Anogenital herpesviral infection, unspecified, B08.1 - Molluscum contagiosum, A63.8 - Other specified predominantly sexually transmitted diseases

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

9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
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 17-Aug-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(ACICLOVIR : 400 MG) TABLETS	TABLETS (25S, BLISTER)	7	28	0.0000
(DOXYCYCLINE : 100 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (500S, BLISTER PACK)	10	20	0.0000