

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

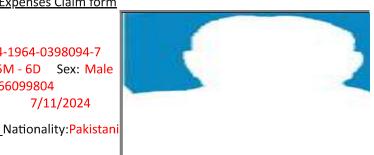
Date:	22-Aug	-2024
Clinic	Name:	CITIO

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1964-0398094-7
Card Holder's Name: MUHAMMAD SALEEM Age: 60Y - 5M - 6D Sex: Male

Card Holder's Tel No: Mobile No: 0566099804
Ins Card No: 1017-010-118716769-01 Valid Upto: 7/11/2024

Company FMC Standard Employee

Name: Network No:



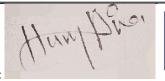
Clinical Details:	Temp <mark>37.8</mark>	B.P. <mark>156</mark>	Pulse. <mark>80</mark>
Signs & Symptoms: RISK FC	OR FALL		
Date of Onset Illness :		○ Emergency ○ W	ork related O New visit O Follow up
Diagnosis: R50.9 - Fever, ur	nspecified, A09 - Infectious ga	stroenteritis and colitis, unspecified	d, I10 - Essential (primary) hypertensio
Type 2 diabetes mellitus w	ithout complications, K29.70	- Gastritis, unspecified, without ble	eding

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:



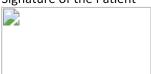
Dr. Humaira Mumta General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.

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 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 22-Aug-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	7	7

Medicine	Dose	Duration	Quantity
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12
(SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (12S, BLISTER)	7	21