

**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 formDate: **22-Aug-2024**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:

0566099804Ins Card No: **I017-010-118716769-01**Valid Upto: **7/11/2024**Company **FMC Standard**

Employee

Name: **Network**

No:

Nationality: **Pakistani**

Clinical Details:

Temp **37.8**B.P. **156**Pulse. **80**Signs & Symptoms: **RISK FOR FALL**

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: **R50.9 - Fever, unspecified, A09 - Infectious gastroenteritis and colitis, unspecified, I10 - Essential (primary) hypertension, Type 2 diabetes mellitus without complications, K29.70 - Gastritis, unspecified, 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 Mumta
 General Practitioner
 DHA No: 54155530-00
CITICARE MEDICAL CENTRE
 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 a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, medical 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