

**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: 08-Sep-2024

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1990-0303086-5

Card Holder's Name: JOANNA MARIE ESTADILLA

Age: 34Y - 8M - 2D Sex: Female

Name: CORTES

Card Holder's Tel No: Mobile No: 0526911513

Ins Card No: I019-010-116775829-01 Valid Upto: 7/6/2025

Company: FMC Standard Employee No: Nationality: Philippine

Name: Network



Clinical Details: Temp 37 B.P. 168 Pulse. 86

Signs & Symptoms: RISK FOR FALL

Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: R50.9 - Fever, unspecified, J06.9 - Acute upper respiratory infection, unspecified, I10 - Essential (primary) hypertension, Headache, unspecified

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

0135-149902-0511, (DICLOFENAC SODIUM : 75 MG/3ML) INJECTION , Pharmacy, 0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 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 08-Sep-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(AMLODIPINE (AS BESYLATE) : 10 MG) TABLETS	TABLETS (30S, BLISTER)	30	30

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	25
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	7
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12
(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE)	1	1