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: 21-Sep-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1987-4397216-2
Card Holder's Name: KAMIL HUSSAIN Age: 37Y - 7M - 9D Sex: Male
Card Holder's Tel No: Mobile No: 0507125406
Ins Card No: I019-010-113481322-01 Valid Upto: 30/11/2024
Company Name: FMC Standard Network Employee No: _____Nationality:Pakistani

Clinical Details: Temp37.1 B.P.130 Pulse. 72
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: B01.9 - Varicella without complication, J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R09.81 - congestion

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 Goodl
General Practit
DHA No: 280408
CITICARE MEDICAL (
DUBAI - U.A

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 21-Sep-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(ACYCLOVIR : 400 MG) TABLETS	TABLETS (50S, BLISTER PACK)	10	30
(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	20
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10

Medicine	Dose	Duration	Quant
(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	4	8
(ACYCLOVIR : 5%) CREAM	CREAM (10G, TUBE)	14	1