

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

Emirates: 784-1985-4874694-4

0508946099

Card Holder's

Clinic Name: CITICARE MEDICAL CENTER LLC

SADAF NADEEM NADEEM

Name: **YOUSAF**

Card Holder's Tel No: Mobile No: Ins Card No: 1017-010-121098524-01

Company Name: FMC Standard Network Employee No:

Valid Upto:

Nationality: Pakistan

31/5/2025



Clinical Details:	lemp35.8	B.P.135		Pulse. 95	
Signs & Symptoms: RISK OF FALL					
Date of Onset Illness :		Emergency	O Work related	O New visit	O Follo
Diagnosis: D50 9 - Iron deficiency:	anemia unenecifie	od R53 1 - Weakness F55 9 - Vita	min D deficiency	unenacified	

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

9, Consultation Gp , General Consultation



Dr. Enomen Goodl General Practiti DHA No: 280408: CITICARE MEDICAL C DUBAI - U.A.

Doctor's Name: Enomen Goodluck

signature with seal:

Diagnostic Procedures referred outside:

l hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the a 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, medical medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 29-Oct-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(FOLIC ACID : 0.35 MG) (IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX) : 100 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	60	60

1 of 2 11/8/2024, 2:20 PM

Medicine	Dose	Duration	Quant
(CHOLECALCIFEROL : 10000 IU) SOFT GELATIN CAPSULES	SOFT GELATIN CAPSULES (30S, HDPE BOTTLE)	30	30
(MULTIVITAMINS : 30 MG) (MINERALS : 30 MG) TABLETS	TABLETS (100S, BOX)	30	30

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