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: 04-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1972-6585952-6
Card Holder's Name: MONIA BEN NEJMA EP ALIJABI Age:51Y - 10M - 25D Sex:Female
Card Holder's Tel No: Mobile No: 0501465907
Ins Card No: I038-010-118639628-01 Valid Upto: 1/9/2025
Company Name:FMC Standard Network Employee No:_____Nationality:Tunisian

Clinical Details: Temp36.7 B.P.105 Pulse. 87
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follo
Diagnosis: K29.01 - Acute gastritis with bleeding, R11.2 - Nausea with vomiting, unspecified, K21.9 - Gastro-esophageal reflux without esophagitis, M54.5 - Low back pain, M62.830 - Muscle spasm of back

Management plan (Services inside the clinic including injections and investigations)
9, Consultation Gp , General Consultation

Doctor's Name: AHSAN HUSSAIN signature with seal:

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 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 04-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant

Medicine	Dose	Duration	Quant
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	7	14
(METOCLOPRAMIDE : 10 MG TABLETS	TABLETS (20S, BLISTER PACK	7	14
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	7	14
(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14