

**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: **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 - 11M - 8D** 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: Temp **36.7** B.P. **105** Pulse. **87**Signs & Symptoms: **RISK OF FALL**Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ FollowDiagnosis: **K29.01 - Acute gastritis with bleeding, R11.2 - Nausea with vomiting, unspecified, K21.9 - Gastro-esophageal reflux without esophagitis, M62.830 - Muscle spasm of back**

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

9, Consultation Gp , General Consultation

Dr. Ahsan Hus
 General Practitio
 DHA No: 8754365
CITICARE MEDICAL CL
 DUBAI - U.A.E

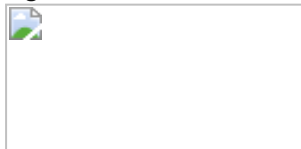
Doctor's Name: **AHSAN HUSSAIN**

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 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 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	Quantity
(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

Medicine	Dose	Duration	Quantity
(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14