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: 06-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-6247690-6
Card Holder's Name: NARJISSE BOULAOUANE Age: 29Y - 11M - 30D Sex: Female
Card Holder's Tel No: Mobile No: 0568994275
Ins Card No: I019-010-118580729-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Moroccan

Clinical Details: Temp 36.7 B.P. 102 Pulse. 68
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follo
Diagnosis: N39.0 - Urinary tract infection, site not specified, R10.30 - Lower abdominal pain, unspecified, E86.0 - Dehydratio Fever, unspecified

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

0002-116601-1001, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION , Pharmacy,0005-149902-1021, C (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/I Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0102-111908-1001, SODIUM CHLO Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,9, Consultation Gp

Doctor's Name: Humaira signature with seal:

Dr. Humaira M
General Practi
DHA No: 54155
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 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 06-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(CIPROFLOXACIN (AS HYDROCHLORIDE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER	7	7
(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7	14
(TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE	EFFERVESCENT GRANULES (30 X 4.25G,	7	21

Medicine	Dose	Duration	Quant
ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES	SACHET)		
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12