

**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: **13-Nov-2024**

Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-1992-3761863-4**
 Card Holder's Name: **PRINCE AMAR SINGH** Age: **31Y - 11M - 12D** Sex: **Male**
 Card Holder's Tel No: Mobile No: **0569488659**
 Ins Card No: **I005-010-118921925-01** Valid Upto: **30/9/2025**
 Company Name: **FMC Standard Network** Employee No: _____ Nationality: **Indian**



Clinical Details: Temp **36.2** B.P. **110** Pulse. **80**
 Signs & Symptoms: **RISK FOR FALL**
 Date of Onset Illness : _____ ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
 Diagnosis: **R10.13 - Epigastric pain, K21.9 - Gastro-esophageal reflux disease without esophagitis, K29.00 - Acute gastritis with**

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

0005-136504-1021, SCOPINAL , Pharmacy, 0005-174202-0781, RISEK 40MG , Pharmacy, 96365, IV INFUSION THERAPY/PROPHY 1ST TO 1 HR , Co.Pay,9, Consultation Gp , General Consultation, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

Doctor's Name: **AHSAN HUSSAIN**

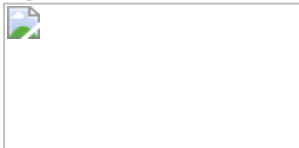
signature with seal:

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

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 **13-Nov-2024**Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(HYOSCINE : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (200S, BLISTER PACK	7	14
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	7	7