

ANNEXURE V 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

| | Da | te: | 27 | ′-N | lo١ | /-2 | 02 | 4 |
|--|----|-----|----|-----|-----|-----|----|---|
|--|----|-----|----|-----|-----|-----|----|---|

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1989-1679085-4
Card Holder's Name: DIMPLES PEREZ VERGEL DE DIOS Age:35Y - 9M - 1D Sex:Female

Card Holder's Tel No: Mobile No: 0582974281
Ins Card No: 1019-010-118822446-01 Valid Upto: 7/6/2025

Company FMC Standard Employee Valid Upto: 7/6,

Name: Network No: Nationality:Philippine



| Clinical Details: | Temp36.8 | B.P.120 | Pulse. 78 |
|---------------------------------|----------|---------|-----------|
| Signs & Symptoms: RISK FOR FALL | | | |

Date of Onset Illness :

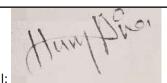
© Emergency © Work related © New visit © Follow up

Diagnosis: R10.30 - Lower abdominal pain, unspecified

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

9, Consultation Gp , General Consultation

Doctor's Name: Humaira signature with seal:



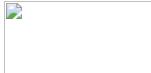
Dr. Humaira Mumta General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.

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 abore mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical cormedical services and copies of all medical and Clinic records.

Signature of the Patient

Date 27-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 | 3 | 6 |