



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: 30-Nov-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1982-8304137-8

Card Holder's Name: ANDREW KAGGWA JEMBA Age: 42Y - 11M - 3D Sex: Male

Card Holder's Tel No: Mobile No: 522418619

Ins Card No: I019-010-115341004-01 Valid Upto: 7/6/2025

Company FMC Standard Employee _____ Nationality: Ugandan
Name: Network No: _____



Clinical Details: Temp 36 B.P. 130 Pulse. 70

Signs & Symptoms: risk of fall

Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow

Diagnosis: I10 - Essential (primary) hypertension, E78.5 - Hyperlipidemia, unspecified, Z79.899 - Other long term (current) dru

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

9, Consultation Gp , General Consultation

Dr. Enomen Goodluck
General Practitioner
DHA No: 280408
CITICARE MEDICAL (C)
DUBAI - U.A.E

Doctor's Name: Enomen Goodluck

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 30-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(VALSARTAN : 160 MG) (AMLODIPINE (AS BESYLATE) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER)	28	28
(ATORVASTATIN : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	28	28