

**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: 04-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1985-0969637-7

Card Holder's Name: RAMI SAMIR KAMAL

Name: ABDELAZIZ

Age: 39Y - 10M - 13D

Sex: Male

Card Holder's Tel No:

Mobile No:

0527640808

Ins Card No: I005-010-116591803-01

Valid Upto: 30/9/2025

Company: FMC Standard

Employee

Name: Network

No:

Nationality: Egyptian



Clinical Details:

Temp 36

B.P. 153

Pulse. 83

Signs & Symptoms: risk of fall

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: E11.65 - Type 2 diabetes mellitus with hyperglycemia, I10 - Essential (primary) hypertension, Z79.899 - Other long (current) drug therapy

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

9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck

signature with seal:

Dr. Enomen Good
 General Practitioner
 DHA No: 280401
 CITICARE MEDICAL
 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 04-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(OLMESARTAN MEDOXOMIL : 20 MG) (AMLODIPINE (AS BESYLATE) : 5 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER)	60	60
(INSULIN DEGLUDEC : 100 U/ML) SOLUTION FOR INJECTION	SOLUTION FOR INJECTION (5 X 3ML, PRE-FILLED PEN)	60	5
(INSULIN ASPART : 100 IU/ML) SOLUTION FOR INJECTION	SOLUTION FOR INJECTION (5 X 3ML, FLEXPEN)	60	7

Medicine	Dose	Duration	Quantity
(ROSUVASTATIN (AS CALCIUM : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER (CALENDAR PACK	56	56