

**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: 09-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1999-5654029-0

Card Holder's Name: GEORGE MAKSOUD

Age: 25Y - 7M - 21D Sex: Male

Card Holder's Tel No:

Mobile No:

0553491354

Ins Card No: I038-010-120433458-01

Valid Upto: 22/3/2025

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



Clinical Details:

Temp 36.8

B.P. 130

Pulse. 72

Signs & Symptoms: RISK FOR FALL

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: K29.00 - Acute gastritis without bleeding, R50.9 - Fever, unspecified, K21.9 - Gastro-esophageal reflux disease without esophagitis, R11.2 - Nausea with vomiting, unspecified

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

0265-150403-1021, (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/II
 Co.Pay, 9, Consultation Gp , General Consultation

Doctor's Name: AHSAN HUSSAIN

signature with seal:

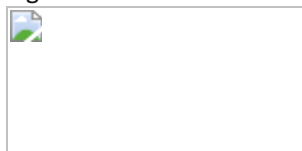
Dr. Ahsan Hussain
 General Practitioner
 DHA No: 87543658-001
 CITICARE MEDICAL CENTER
 DUBAI - U.A.E.

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 above 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 condition, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 09-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(METOCLOPRAMIDE : 10 MG TABLETS	TABLETS (20S, BLISTER PACK	7	14

Medicine	Dose	Duration	Quantity
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	7	14
(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10