

**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: 11-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-9316020-6
Card Holder's Name: SOHAIL AHMED QAMAR ZAMAN Age: 30Y - 8M - 26D Sex: Male
Card Holder's Tel No: Mobile No: 0581478524
Ins Card No: I019-010-115341155-01 Valid Upto: 7/6/2025
Company: FMC Standard Employee No: Nationality: Pakistani
Name: Network



Clinical Details: Temp 37.1 B.P. 148 Pulse: 108
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
Diagnosis: K60.3 - Anal fistula, M54.5 - Low back pain, R50.9 - Fever, unspecified

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

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 LLC
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 any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 11-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14	0.0000
(BETAMETHASONE (AS DIPROPIONATE) : 0.5MG / G) (MICONAZOLE NITRATE : 20 MG/G) CREAM	CREAM (30G, TUBE)	7	1	0.0000
(GLYCERYL TRINITRATE : 0.2 %/G) OINTMENT	OINTMENT (30G, TUBE)	7	1	0.0000