



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: 25-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-9316020-6

Card Holder's Name: SOHAIL AHMED QAMAR ZAMAN Age: 30Y - 9M - 15D 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 Nationality: Pakistani

Name: Network No:



Clinical Details: Temp 36.8 B.P. 116 Pulse. 108

Signs & Symptoms: RISK FOR FALL

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

Diagnosis: L02.33 - Carbuncle of buttock, R50.9 - Fever, unspecified, R52 - Pain, unspecified

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 01, 116601-1001, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION , Pharmacy, 9, Consultation Gp , General Consultation TX/PRO/DX INJ NEW DRUG ADDON , Co.Pay, 51.01, Non-Surgical Cleansing With Surgical Dressing 16 Sq Inches / 100 Sq Centimeter , 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 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 25-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CEFUROXIME(AS CEFUROXIME AXETIL) : 500 MG) TABLETS	TABLETS (15S, BLISTER PACK)	7	14
(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12

