

ANNEXURE V

FMCNETWORKUAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

Date: 02-Jan-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2003-9686024-7

Card Holder's Name: AIYSHA ABDUL GAFFAR Age: 21Y - 5M - 8D Sex: Female

Card Holder's Tel No: Mobile No: 0559951783

Ins Card No: 1005-010-121540490-01 Valid Upto: 30/9/2025

Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details: Temp36.7 B.P.120 Pulse. 74

Signs & Symptoms: RISK FOR FALL

Diagnosis: N10 - Acute pyelonephritis, N20.2 - Calculus of kidney with calculus of ureter, R10.30 - Lower abdominal pain, unsp

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

84550, ASSAY OF BLOOD/URIC ACID , Lab,9.01, Free Follow-Up Consultation Gp , General Consultation

signature with seal:

Dr. Enomen Good General Practit DHA No: 280408 CITICARE MEDICAL (DUBAI - U.A

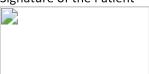
Doctor's Name: Enomen Goodluck

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 medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 02-Jan-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(HYOSCINE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10
(TAMSULOSIN HCL : 0.4 MG MODIFIED RELEASE CAPSULES	MODIFIED RELEASE CAPSULES (30S, BLISTER	30	30