

**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: 02-Jan-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1972-5037419-2

Card Holder's Name: CAESAR ZALUM MALLILLIA

Age: 52Y - 4M - 5D Sex: Male

Card Holder's Tel No:

Mobile No:

0501397656

Ins Card No: I005-010-118816759-01

Valid Upto: 30/9/2025

Company FMC Standard

Employee

Name: Network

No:

Nationality: Philippine



Clinical Details:

Temp 36.9

B.P. 124

Pulse. 86

Signs & Symptoms: RISK OF FALL

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: I10 - Essential (primary) hypertension, E11.9 - Type 2 diabetes mellitus without complications, Z79.899 - Other long term (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:

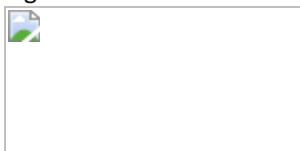
Dr. Enomen Goodluck I
 General Practitioner
 DHA No: 28040827-00
 CITICARE MEDICAL CENTRE
 DUBAI - U.A.E.

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 02-Jan-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(LOSARTAN POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	60	60

