

**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 formDate: **13-Jan-2025**

Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-1974-3702916-4**
 Card Holder's Name: **GLENDIA VILLALBA SANCHEZ** Age: **50Y - 3M - 11D** Sex: **Female**
 Card Holder's Tel No: Mobile No: **0521431125**
 Ins Card No: **I005-010-117592808-01** Valid Upto: **30/9/2025**
 Company **FMC Standard** Employee _____ Nationality: **Philippine**
 Name: **Network** No: _____



Clinical Details: Temp **36** B.P. **176** Pulse. **86**
 Signs & Symptoms: **RISK OF FALL**
 Date of Onset Illness : _____ ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up
 Diagnosis: **J06.9 - Acute upper respiratory infection, unspecified, J30.9 - Allergic rhinitis, unspecified**

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

9, Consultation Gp , General Consultation

Dr. Sandia Bhojwa
 General Practitioner
 DHA No: 65900212-00
PESHAWAR MEDICAL CENT
 DUBAI - U.A.E.

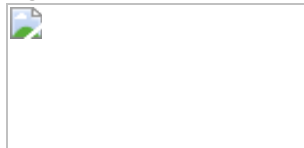
Doctor's Name: **SANDIA**

signature with seal:

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 **13-Jan-2025**

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	1
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	7	21

Medicine	Dose	Duration	Quantity
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5	5
(OXOMEMAZINE : 0.33 MG/ML) SYRUP	SYRUP (150ML, PLASTIC BOTTLE)	10	1