

**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: **22-Jan-2025**Clinic Name: **CITICARE MEDICAL CENTER LLC**Emirates: **784-1994-9639057-8**Card Holder's Name: **ROBERT KAKANDE**Age: **30Y - 9M - 24D** Sex: **Male**

Card Holder's Tel No:

Mobile No:

0544035764Ins Card No: **I019-010-117911062-01**Valid Upto: **7/6/2025**Company **FMC Standard**

Employee

Name: **Network**

No:

Nationality: **Ugandan**

Clinical Details:

Temp **36**B.P. **138**Pulse. **87**Signs & Symptoms: **risk of fall**

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: **K29.00 - Acute gastritis without bleeding, R10.13 - Epigastric pain**

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

0005-242802-0781, PANTONIX 40MG I.V. , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,0005-149902-1021, CLO Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9.01, Free Follow-Up Consultation Gp , General Consultation

Doctor's Name: **Humaira**

signature with seal:

Dr. Humaira M
 General Practitioner
 DHA No: 541555
CITICARE MEDICAL (
DUBAI - U.A

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 services and copies of all medical and Clinic records.

Signature of the Patient

Date **22-Jan-2025**

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS	CHEWABLE TABLETS (12S, BOX)	7	21
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	7	14
(HYOSCINE : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (200S, BLISTER PACK	3	1

