



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: 13-Feb-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-2175261-0

Card Holder's Name: CHUKWUMA ROBERT GABRIEL Age: 29Y - 9M - 22D Sex: Male

Card Holder's Tel No: Mobile No: 0588893769

Ins Card No: I019-010-116961590-01 Valid Upto: 7/6/2025

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



Clinical Details: Temp 36.6 B.P. 116 Pulse. 64

Signs & Symptoms: RISK FOR FALL

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

Diagnosis: K29.00 - Acute gastritis without bleeding, M54.5 - Low back pain, M79.661 - Pain in right lower leg

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

0005-174202-0781, RISEK 40MG-(OMEPRazole : 40 MG) POWDER FOR INFUSION , Pharmacy, 0005-149902-1022, (DICLOFEN 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 963 THER/PROPH/DIAG INJ SC/IM , Co.Pay, 9, Consultation Gp , General Consultation, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy

Doctor's Name: DR Amaizah

signature with seal:

Dr. Amaizah I
General Practitioner
DHA: 98486553
CITICARE MEDICAL
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 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 13-Feb-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) TABLETS	TABLETS (30S, BOX)	30	1
(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	5
(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	3	3

Medicine	Dose	Duration	Quantity
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE	5	5