

**ANNEXURE V****F M C NETWORK UAE**

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

**Medical Expenses Claim form**

Date: 01-Mar-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-2002-3283377-0

Card Holder's Name: RAMEEN REHMAN ZIA UR

Age: 22Y - 2M -

Sex: Female

Name: REHMAN

18D

Card Holder's Tel No:

Mobile No:

0552289415

Ins Card No: I005-010-121540539-01

Valid Upto: 30/9/2025

Company: FMC Standard

Employee

Name: Network

No:

Nationality: Pakistani



Clinical Details:

Temp

B.P.

Pulse.

Signs &amp; Symptoms:

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Diagnosis: E86.0 - Dehydration, N39.0 - Urinary tract infection, site not specified, R11.2 - Nausea with vomiting, unspecified

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

96360, HYDRATION IV INFUSION INIT , Co.Pay,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION , Pharmacy,0005-150403-1021, (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9.01, Free Follow-Up Consultation Gp , General Consultation

Doctor's Name: DR Amaizah

signature with seal:

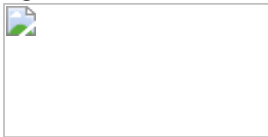
**Dr. Amaizah Ishtiaq**  
General Practitioner  
DHA: 98486553-001  
CITICARE MEDICAL CENTER  
DUBAI - U.A.E

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 any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 01-Mar-2025



Pharmaceuticals (to be filled by treating doctor only)