Photo Not Available

Patient | 35798 | SAJAWAL ALI GHULAM RASOOL | 784-1994-2609163-5 | Repeat | 31 | Male | Pakistani | S | FMC Standard Network - DUBAI INSURANCE COMPANY - Default Scheme (99999) | Medical History (patient_history.aspx?patId=34631) | Billing History (patient_accounts.aspx?patId=34631)

Appointment | Visit ID 59879 | 08-Mar-2025 | AISHA - General - DHA-P-40131439 | MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 36°C, Pulse: 102bpm, BP: 117mmHg, Height: 160cm, Weight: 67kg, BMI 26.17(Obese), Blood Sugar

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis | Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents | Progress Notes | Addendum | FMC FORM | FMC Reimbursement Form | Other Forms | Sick Leave | End Time | Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration | Signed Documents | Image Comparison

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: 08-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-2609163-5
Card Holder's Name: SAJAWAL ALI GHULAM RASOOL Age: 31Y - 1M - 22D Sex: Male
Card Holder's Tel No: Mobile No: 0559916801
Ins Card No: I005-010-117511033-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

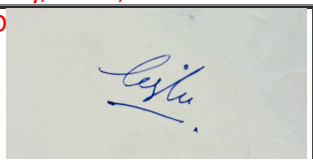
Clinical Details: Temp 36 B.P. 117 Pulse. 102
Signs & Symptoms: RISK OF FALL
Date of Onset Illness :

○ Emergency ○ Work related ○ New visit ○ Fo

Diagnosis: K29.00 - Acute gastritis without bleeding, R12 - Heartburn, R19.7 - Diarrhea, unspecified, R10.819 - Abdominal unspecified site

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

0005-174202-0781, RISEK 40MG-(OMEPRAZOLE : 40 MG) POWDER FOR INFUSION , Pharmacy,0005-136504-1021, SCOPIN
Pharmacy,0002-116601-1001, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION , Pharmacy,0102-100104-1(
CHLORIDE & DEXTROSE B.P. , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96365, IV INFUSION THERAPY/PROP
TO 1 HR , Co.Pay,9, Consultation Gp , General Consultation,96374, THER/PROPH/D



Dr. Ais
Physician- Ge
DHA- 40
CITICARE ME
DUBA

Doctor's Name: AISHA 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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharm person who has provided medical services to me to furnish any and all information with regard to any medical history, me medical services and copies of all medical and Clinic records.

Signature of the Patient