

ANNEXURE V F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, **Tel - 04 3871900, Fax - 04 3977842 Email -** <u>approval@fmchealthcare.ae</u> **Helpline Number: 600-565691**

Medical Expenses Claim form

Date: 26-Mar-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-1026439-6

Card Holder's AYMAN KHAN KHALID AKHTAR Age: 20D Sex:Female

Card Holder's Tel No: Mobile No: 00917412838122

Ins Card No: I005-010-119448897-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details:	Temp37.1	B.P.150	Pulse. 84	
Signs & Symptoms: RISK F	FOR FALL			
Date of Onset Illness :		○ Emergency ○ W	/ork related ○ New visit ○ Follow up vis	it
Diagnosis: R52 - Pain, uns Other rosacea	pecified, N39.0 - Urinary trac	t infection, site not specified, R21 - F	Rash and other nonspecific skin eruption, L	71.8 -
Management plan (Serv	rices inside the clinic including	; injections and investigations)		
81015, MICROSCOPIC EXA	AM OF URINE , Lab,9, Consult	ation Gp , General Consultation		
Doctor's Name: DR Amai	izah	signature with seal:	Dr. Amaizah Ishtiaq General Practitioner DHA: 98486553-001 CITICARE MEDICAL CENTER DUBAI - U.A.E	
Doctor's Name: DR Amai	izah		General Practitioner DHA: 98486553-001 CITICARE MEDICAL CENTER	

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 26-Mar-2025



Medicine	Dose	Duration	Quantity	Price
(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	5	5	0.0000
(SODIUM BICARBONATE : 1.76G (SODIUM CITRATE ANHYDROUS : 0.63G (TARTARIC ACID : 0.89G (CITRIC ACID ANHYDROUS : 0.715 G EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (4G X 10, SACHET	3	12	0.0000
(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (200S, BLISTER PACK)	3	6	0.0000
(DOXYCYCLINE : 100 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (500S, BLISTER PACK	7	7	1.5800
(METRONIDAZOLE : 0.75% W/W) CREAM	CREAM (30G, TUBE)	7	1	0.0000