

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:	01-A	pr-2025

Clinical Details:

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1966-6398421-7

Card Holder's Name: MAJEED MASIH SARDAR MASIH Age:59Y - 2M - 29D Sex:Male Card Holder's Tel No: Mobile No: 0505140326

Ins Card No: 1005-010-116125749-01 Valid Upto: 30/9/2025

Company FMC Standard Employee
Name: Network No: ______Nationality:Pakistan

Temp36.1



Pulse. 61

Signs & Symptoms: risk of fall		
Date of Onset Illness :	\bigcirc Emergency \bigcirc Work related \bigcirc New visit \bigcirc Follow up visi	t
Diagnosis: I10 - Essential (primary) hypertensi unspecified, R21 - Rash and other nonspecific	on, E08.65 - Diabetes due to underlying condition w hyperglycemia, E78.5 - Hyperlipide skin eruption	mia,
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Management plan (Services inside the clinic	including injections and investigations)	
9, Consultation Gp , General Consultation		
Doctor's Name: DR Amaizah	Dr. Amaizah Ishtiaq General Practitioner Dha: 9848653-001 CITICARE MEDICAL CENTER DUBAI - U.A.E	
Diagnostic Procedures referred outside:		

B.P.153

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-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(METFORMIN HCL : 1000 MG) (SITAGLIPTIN (AS PHOSPHATE) : 50 MG) EXTENDED RELEASE TABLETS	EXTENDED RELEASE TABLETS (56S, HDPE BOTTLE)	30	60	0.0000
(AMLODIPINE (AS BESYLATE : 10 MG (VALSARTAN : 160 MG TABLETS	TABLETS (28S, BLISTER	30	30	0.0000
(ROSUVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	30	30	0.0000
(TERBINAFINE (AS HCL : 1% CREAM	CREAM (15G, TUBE	5	1	23.0000