

## 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** 

7/6/2025

Nationality:Bangladeshi

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Card Holder's Tel No:

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-3304067-1
Card Holder's MD RAKIBUL RAYHAN MD ABDUL 27Y - 11M - COUNTY

Name: HALIM

Ins Card No: 1019-010-122313819-01

Company FMC Standard Employee

Name: Network No:



Clinical Details: Temp<mark>36.8 B.P.120 Pulse. 169</mark>

Valid Upto:

Signs & Symptoms: RISK FOR FALL

Diagnosis: D50.9 - Iron deficiency anemia, unspecified, R52 - Pain, unspecified, R42 - Dizziness and giddiness, R53.1 - Weaknes

Acute gastritis without bleeding

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

85027, COMPLETE CBC AUTOMATED, Lab,0384-207801-1002, LACTATED RINGER'S & DEXTROSE USP (CALCIUM CHLORIDE:  $N_{\rm c}$  (DEXTROSE:  $N_{\rm c}$ ) (POTASSIUM CHLORIDE:  $N_{\rm c}$ ) (SODIUM CHLORIDE:  $N_{\rm c}$ ) (SODIUM LACTATE:  $N_{\rm c}$ ) SOLUTION FOR INFUSIOI FOR INFUSION (500ML, BOTTLE), Pharmacy,96361, HYDRATE IV INFUSION ADD-ON, Co.Pay,0005-174202-0781, RISEK 40MG

Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH, Co.Pay,9, Consultation Gp, Ger

trail and

Dr. Amaizah I General Practit DHA: 98486553 CITICARE MEDICAI DUBAI - U.A

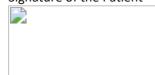
Doctor's Name: DR Amaizah signature with seal:

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 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 medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 04-Apr-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(FOLIC ACID : 0.35 MG) (IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX) : 100 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	30	30
(VITAMIN D3 : 5 MCG) (VITAMIN E (AS D-ALPHA TOCOPHERYL SUCCINATE) : 20 MG) (ZINC : 15 MG) (CHROMIUM : 50 MCG) (COPPER : 1 MG) (VITAMIN B12 : 9 MCG) (FOLACIN : 500 MCG) (SIBERIAN GINSENG (ELEUTHEROCOCCUS SENTICOSUS) : 20 MG) (IODINE : 150 MCG) (IRON (FERROUS FUMARATE) : 6 MG) (MAGNESIUM OXIDE :	FILM COATED TABLETS (30S, BLISTER)	30	30

Medicine	Dose	Duration	Quan
50 MG) (MANGANESE SULFATE : 3 MG) (L-METHIONINE : 20 MG) (NIACIN : 20 MG) (PANTOTHENIC ACID : 10 MG) (PABA : 20 MG) (PYRIDOXINE (VITAMIN B6) : 9 MG) (VITAMIN B2 (RIBOFLAVIN) : 5 MG) (SELENIUM : 150 MCG) (S			
(SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 4.4 G, SACHET)	3	6
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	14	14