

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: 04-Apr-2	20)25
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1985-0969637-7
Card Holder's Name: RAMI SAMIR KAMAL ABDELAZIZ Age: 40Y - 2M - 13D Sex: Male
Card Holder's Tel No: 0527640808

Card Holder's Tel No: Mobile No: 0527640808
Ins Card No: I005-010-116591803-01 Valid Upto: 30/9/2025
Company Name:FMC Standard NetworkEmployee No: Nationality:Egyptian



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Clinical Details:	Temp36.4	B.P.128	B.P.128 Pulse. 79			
Signs & Symptoms: RISK OF FAL	.L					
Date of Onset Illness :		○ Emergen	○ Emergency ○ Work related ○ New visit ○ Follow up visit			
Diagnosis: I10 - Essential (prima	ary) hypertension, E08	.65 - Diabetes due to underly	ing condition w hyperglyd	cemia		
Management plan (Services in	nside the clinic includir	ng injections and investigation	ns)	·		
9, Consultation Gp , General Co	nsultation					
Doubles's Name DB Associate			thrain and	Dr. Amaizah Ishtiaq General Pracitioner DHA: 98486553-001 CITICARE MEDICAL CENTER DUBAI - U.A.E		
Doctor's Name: DR Amaizah		signature with seal:		200 Mar 200 Ma		
I						
Diagnostic Procedures referred	outside:					
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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 04-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(INSULIN DEGLUDEC : 100 U/ML) SOLUTION FOR INJECTION	SOLUTION FOR INJECTION (5 X 3ML, PRE-FILLED PEN)	30	2	0.0000
(INSULIN ASPART : 100 IU/ML) SOLUTION FOR INJECTION	SOLUTION FOR INJECTION (5 X 3ML, FLEXPEN)	30	4	0.0000
(OLMESARTAN MEDOXOMIL : 20 MG) (AMLODIPINE (AS BESYLATE) : 5 MG) TABLETS	TABLETS (30S, BLISTER)	30	30	0.0000