

**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: 21-Apr-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 999-9999-9999999-9
Card Holder's Name: JESSI DYLAN Age: 27Y - 1M - 8D Sex: Male
Card Holder's Tel No: Mobile No: 0508215190
Ins Card No: I005-010-122368598-01 Valid Upto: 30/9/2025
Company: FMC Standard Employee: South
Name: Network No: African



Clinical Details: Temp 37.1 B.P. 160 Pulse: 78
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
Diagnosis: J30.9 - Allergic rhinitis, unspecified, R06.7 - Sneezing, R11.0 - Nausea, R10.9 - Unspecified abdominal pain, K29.00 - Acute gastritis without bleeding

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

0005-150403-1021, PREMOSAN , Pharmacy, 0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy, 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy, 0005-136504-1021, SCOPINAL , Pharmacy, 0005-174202-0781, RISEK 40MG-(OMEPRazole : 40 MG) POWDER FOR INFUSION , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 96361, HYDRATE IV INFUSION ADD-ON , Co.Pay, 96365, IV INFUSION THERAPY/PROPHYLA

Consultation

Doctor's Name: AISHA

signature with seal:

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

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 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 21-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	6	0.0000
(DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10	0.0000
(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	3	6	0.0000
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	10	0.0000