



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: 03-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1987-1827849-6

Card Holder's Name: HANA FATHALLAH

Age: 37Y - 11M - 2D Sex: Female

Card Holder's Tel No:

Mobile No:

971566442706

Ins Card No: I005-010-122024050-01

Valid Upto: 30/9/2025

Company FMC Standard

Employee

Name: Network

No:

Nationality: Moroccan



Clinical Details:

Temp 36.9

B.P. 100

Pulse: 62

Signs & Symptoms: RISK FOR FALL

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Diagnosis: R03.1 - Nonspecific low blood-pressure reading, R42 - Dizziness and giddiness, M79.606 - Pain in leg, unspecified, R51.9 - Headache, unspecified, E86.0 - Dehydration

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

0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 0005-149902-1021, CLOFEN , Pharmacy, 85025, COMPLETE CBC W/AUTO DIFF WBC , Lab, 96360, HYDRATION IV INFUSION INIT , Co.Pay, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 9, Consultation Gp , General Consultation

Doctor's Name: Dr. Farhan Ilyas

signature with seal:

Dr. Farhan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
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 03-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(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	3	0.0000
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10	0.0000
(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	10	0.0000