

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: 04-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1987-1827849-6 Card Holder's Name: HANA FATHALLAH Age: 37Y - 11M - 3D Sex: Female

 Card Holder's Tel No:
 Mobile No:
 971566442706

 Ins Card No:
 1005-010-122024050-01
 Valid Upto:
 30/9/2025

 Company
 FMC Standard
 Employee

Name: Network No: _____Nationality:Moroccar



Clinical Details:	Temp36.9	B.P.100	Pulse, 62		
Signs & Symptoms: RISK F	•				
Date of Onset Illness :		○ Emergency ○ Work related ○ New visit ○ Follow up visit			
Diagnosis: R03.1 - Nonspe	ecific low blood-pressure readi	ng, R42 - Dizziness and giddiness, N	И79.606 - Pain in leg, unspecified, R51.9 -		
Headache, unspecified, E	86.0 - Dehydration				

Management plan (S	Services inside t	he clinic including	injections and	l investigations)
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0439-152905-1001, LACTATED RINGERS INJECTION USP, Pharmacy,0005-149902-1021, CLOFEN, Pharmacy,96372, THER/PROPH/DIAG INJSC/IM, Co.Pay,9, Consultation Gp, General Consultation,96360, HYDRATION IV INFUSION INIT, Co.Pay

Cordianflactic

Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER DUBAI U.A.E

Doctor's Name: Dr.Farhan lyas 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 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-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(BETAHISTINE HCL : 8 MG) TABLETS	TABLETS (100S, BLISTER PACK)	3	3	0.0000