

**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: 10-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-5420427-9
 Card Holder's Name: PHIONA ALEYO Age: 25Y - 8M - 22D Sex: Female
 Card Holder's Tel No: Mobile No: 055586837
 Ins Card No: I005-010-122031304-01 Valid Upto: 30/9/2025
 Company Name: FMC Standard Network Employee No: Nationality: Kenyan



Clinical Details:	Temp 36	B.P. 137	Pulse. 85
Signs & Symptoms: risk of fall			
Date of Onset Illness :		☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit	
Diagnosis: K25.3 - Acute gastric ulcer without hemorrhage or perforation, R10.13 - Epigastric pain, K30 - Functional dyspepsia, R51.9 - Headache, unspecified, R42 - Dizziness and giddiness, R53.1 - Weakness, E86.0 - Dehydration			

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

96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation,0005-149902-1021, CLOFEN , Pharmacy,85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,96361, HYDRATE IV INFUSION ADD-ON , Co.Pay,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,2568-693601-0601, (OMEPRazole (AS SODIUM) : 40 MG) LYOPHILIZED POWDER FOR INJECTION , Pharmacy

Doctor's Name: Dr.Farhan Ilyas

signature with seal:

Dr .Frahon 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 10-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(ESOMEPRazole (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	7	7	0.0000
(SERRAPEPTASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	5	10	0.0000
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10	0.0000