

**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 formDate: **16-May-2025**Clinic Name: **CITICARE MEDICAL CENTER LLC**Emirates: **784-1998-4268164-7**Card Holder's Name: **BILAL ALI MUSHTAQ ALI**Age: **27Y - 4M - 8D** Sex: **Male**

Card Holder's Tel No:

Mobile No:

0588764213Ins Card No: **I020-010-117121103-04**Valid Upto: **27/4/2026**Company **FMC Standard**

Employee

Name: **Network**

No:

Nationality: **Pakistani**

Clinical Details:

Temp **36.4**B.P. **150**Pulse: **78**Signs & Symptoms: **risk of fall**

Date of Onset Illness :

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

Diagnosis: **I10 - Essential (primary) hypertension, R21 - Rash and other nonspecific skin eruption, J02.9 - Acute pharyngitis, unspecified, K20.90 - Esophagitis, unspecified without bleeding, K21.00 - Gastro-esophageal reflux dis with esophagitis, without bleed**

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

85027, COMPLETE CBC AUTOMATED , Lab,9, Consultation Gp , General ConsultationDoctor's Name: **DR Amaizah**

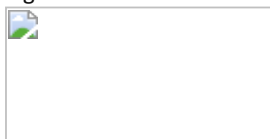
signature with seal:

Dr. Amaizah Ishtiaq
 General Practitioner
 DHA: 98486553-001
 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 **16-May-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)	5	5	0.0000
(AMLODIPINE (AS BESYLATE) : 10 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (28S, BLISTER)	30	30	0.0000
(BETAMETHASONE : 0.10%) (FUSIDIC ACID : 2%) CREAM	CREAM (15G, TUBE)	7	1	9.5000
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.0000
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	3	6	0.0000
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	7	7	0.0000

