

**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: 27-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1987-6073519-5

Card Holder's Name: MEHWISH SABA Age: 38Y - 3M - 22D Sex: Female

Card Holder's Tel No: Mobile No: 0508361939

Ins Card No: I005-010-121964898-01 Valid Upto: 30/9/2025

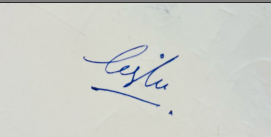
Company FMC Standard Employee No: Nationality: Pakistani



Clinical Details: Temp 36.9 B.P. 110 Pulse: 73
 Signs & Symptoms: risk of fall
 Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
 Diagnosis: J02.9 - Acute pharyngitis, unspecified, R07.0 - Pain in throat, R52 - Pain, unspecified

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

9, Consultation Gp , General 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 27-May-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(AMOXICILLIN : 250 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10	0.0000
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	5	10	0.0000