

ANNEXURE V

FMCNETWORK 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: 28-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1978-1027465-0
Card Holder's Name: LEAH MARCELO APOSTOL Age: 47Y - 0M - 22D Sex: Female

Card Holder's Tel No: Mobile No: 0525696874

Ins Card No: 1005-010-116125800-01 Valid Upto: 30/9/2025

Company FMC Standard Employee

Company FMC Standard Employee Name: Network No: _____Nationality:Philippine



Clinical Details: Temp	5.8 B.P.146	Pulse. 74				
Signs & Symptoms: RISK FOR FALL						
Date of Onset Illness :	○ Emergency ○ W	/ork related ○ New visit ○ Follow up visit				
Diagnosis: I10 - Essential (primary) hypertension, R52 - Pain, unspecified, M24.211 - Disorder of ligament, right shoulder						

Management plan (Services inside the clinic	including injections and investigations)	
9, Consultation Gp , General Consultation	<u> </u>	
Doctor's Name: DR Amaizah	signature with seal:	Dr. Amaizah Ishtiaq General Practitioner Dha: 9848653-001 Citicare Medical Center Dubai - U.A.E

Diagnostic	Procedures	referred	outside:
Diagnostic	rioccaarcs	reierrea	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 28-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Friat maceuticals (to be fined by treating doctor only)							
Medicine	Dose	Duration	Quantity	Price			
(LOSARTAN POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	30	30	0.0000			
(SERRATIOPEPTIDASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	5	5	0.0000			
(CELECOXIB : 100 MG) CAPSULES	CAPSULES (30S, BLISTER)	5	5	0.0000			
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (50G, TUBE)	3	1	0.0000			