

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

	<u>N</u>	Medical Expenses Claim for	<u>m</u>	
Date: 24-Jun-2025 Clinic Name: CITICARE MEDICA Card Holder's Name: ROBINSC Card Holder's Tel No: Ins Card No: 1005-010-122 Company Name: FMC Standard	ON MWANIKI GICHUHI A Mobile No: 732256-01 Val	0504740130 id Upto: 30/9/2025		
Clinical Details:	Temp36.8	B.P.100	Puls	 a_ 80
Signs & Symptoms: RISK OF FAL	•	B.I.100	ruis	5. 00
Date of Onset Illness :		○ Emergeno	cy O Work related O Ne	w visit O Follow up visit
Diagnosis: K29.00 - Acute gastritis without bleeding, E86.0 - Dehydration, A09 - Infectious gastroenteritis and colitis, unspecified, R19.7 -				
Diarrhea, unspecified, R11.2 - Nausea with vomiting, unspecified				
	6/			
Management plan (Services inside the clinic including injections and investigations)				
0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,0005-174202-0781, RISEK 40MG , Pharmacy,0135-116611-1001,				
(METRONIDAZOLE: 0.5%) SOLUTION FOR INFUSION, Pharmacy,96360, HYDRATION IV INFUSION INIT, Co.Pay,96375, TX/PRO/DX INJ NEW				
DRUG ADDON , Co.Pay,9, Consultation Gp , General Consultation				
Doctor's Name: DR Amaizah		signature with seal:	Aray and	Dr. Amaizah Ishtiaq General Pracitioner DHA: 98486553-001 CITICARE MEDICAL CENTER DUBAI - U.A.E
Diagnostic Procedures referred outside:				
I hereby authorize the physician			•	
mentioned examination/Investi		•		
person who has provided medic		,	with regard to any medica	I history, medical condition, or
medical services and copies of all medical and Clinic records.				

Date 24-Jun-2025

Pharmaceuticals (to be filled by treating doctor only)

Signature of the Patient