



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: 26-Jun-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1973-1694279-2

Card Holder's Name: JOHNSON GITHUI KARURI

Age: 51Y - 10M - 4D Sex: Male

Card Holder's Tel No:

Mobile No:

528625813

Ins Card No: I005-010-116122145-01

Valid Upto:

30/9/2025

Company Name: FMC Standard Network Employee No: _____ Nationality: Kenyan



Clinical Details:

Temp 36.4

B.P. 194

Pulse: 66

Signs & Symptoms: Risk of Fall

Date of Onset Illness :

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

Diagnosis: I10 - Essential (primary) hypertension, E55.9 - Vitamin D deficiency, unspecified

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

9, Consultation Gp , General Consultation

Doctor's Name: Dr.Farhan Iyas

signature with seal:

Dr .Farhan 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 26-Jun-2025

6/26/2025 7:03:44 PM

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(AMLODIPINE : 10 MG) (VALSARTAN : 160 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	15	15	0.0000
(VITAMIN D3 (CHOLECALCIFEROL) : 50000 IU) TABLETS	TABLETS (15S, BLISTER)	30	4	0.0000