

**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-Jun-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-2653693-6

Card Holder's Name: SAIFUL ISLAM Age: 24Y - 6M - 11D Sex: Male

Card Holder's Tel No: Mobile No: 0557585940

Ins Card No: I005-010-119768242-01 Valid Upto: 30/9/2025

Company: FMC NETWORK UAE

Name: MANAGEMENT
CONSULTANCY

Employee No: _____ Nationality: Bangladeshi



Clinical Details: Temp 36.8 B.P. 140 Pulse. 84

Signs & Symptoms: RISK FOR FALL

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow

Diagnosis: K29.01 - Acute gastritis with bleeding, R11.2 - Nausea with vomiting, unspecified, R10.13 - Epigastric pain

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

9, Consultation Gp , General Consultation

Doctor's Name: DR Amaizah

signature with seal:

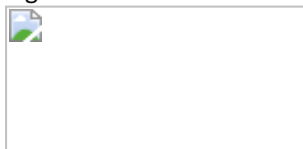
Dr. Amaizah I
 General Practitioner
 DHA: 98486553
 CITICARE MEDICAL
 DUBAI - U.A.E

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 27-Jun-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10
(SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 4.4 G, SACHET)	3	3
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	3	3

Medicine	Dose	Duration	Quantity
(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BOX)	2	2