



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: 784-1987-1085432-8

Card Holder's Name: MOHAMMED SOHEL MOHAMMED Age: 37Y - 8M - 2D Sex: Male

Card Holder's Tel No: Mobile No: 0551608906

Ins Card No: I005-010-122181988-01 Valid Upto: 30/9/2025

Company Name: FMC Standard Network Employee No: Nationality: Bangladeshi



Clinical Details: Temp 36.4 B.P. 150 Pulse. 76
Signs & Symptoms: RISK OF FALL
Date of Onset Illness :
Diagnosis: I10 - Essential (primary) hypertension

☐ Emergency ☐ Work related ☐ New visit ☐ Follow

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

9, Consultation Gp , General Consultation

Doctor's Name: AISHA

signature with seal:

Dr. Aisha U
Physician- General P
DHA- 40131439
CITICARE MEDICA
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
(AMLODIPINE (AS BESYLATE) : 5MG) TABLETS	TABLETS (30S, BLISTER)	30	30