

## 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: 28-Jun-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1992-9695458-1 Card Holder's Name: SOPHIE NAMUSUBO Age: 32Y - 9M - 25D Sex: Female

Card Holder's Tel No: Mobile No: 0558505602 Ins Card No: 1019-010-117336277-02 Valid Upto: 7/6/2026

Company **FMC Standard Network Employee** 

Name: No:



CITICARE MEDICAL CENTER DUBAI - U.A.E

Clinical Details: Signs & Symptoms: risk of	Temp36 fall	B.P.120	Pulse. <mark>84</mark>	
Date of Onset Illness :		○ Emergency ○ Wo	rk related O New visit O Follow	up visit
Diagnosis: N39.0 - Urinary	tract infection, site not speci	fied, A56.02 - Chlamydial vulvovagini	tis, R30.0 - Dysuria	
Management plan (Servi	ces inside the clinic including	injections and investigations)		
9, Consultation Gp , Genera	al Consultation			
		~~0	Dr. Amaizah Isl General Practitio DHA: 98488553-G	ner -

Diagnostic Procedures r	eferred outsi	de:					

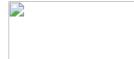
signature with seal:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the abovementioned 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-Jun-2025

Doctor's Name: DR Amaizah



## Pharmaceuticals (to be filled by treating doctor only)

Friatinaceuticals (to be fined by treating doctor only)							
Medicine	Dose	Duration	Quantity	Price			
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14	0.8300			
(DOXYCYCLINE : 100 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (1000S, BLISTER PACK)	7	7	1.1900			
(CLINDAMYCIN: 100 MG) VAGINAL OVULES	VAGINAL OVULES (3S, STRIP + APPLICATOR)	7	7	0.0000			