

**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: 08-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1996-5101490-6

Card Holder's Name: ABDUL RAZZAQ SIDDIQUI

Age: 29Y - 3M - 2D Sex: Male

Card Holder's Tel No:

Mobile No:

055-758-9660

Ins Card No: I019-010-119490895-02

Valid Upto:

7/6/2026

Company Name: FMC Standard Network 3 Employee No: _____ Nationality: Indian



Clinical Details:

Temp 36.4

B.P. 124

Pulse: 92

Signs & Symptoms: risk of fall

Date of Onset Illness :

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

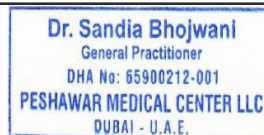
Diagnosis: R07.1 - Chest pain on breathing, R53.82 - Chronic fatigue, unspecified, M62.838 - Other muscle spasm, K29.00 - Acute gastritis without bleeding

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

93000, ECG ROUTINE ECG W/LEAST 12 LDS W/I&R , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: SANDIA

signature with seal:



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 08-Jul-2025

7/8/2025 1:01:34 PM

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(DICLOFENAC DIETHYLAMINE : 11.6 MG/ G) GEL	GEL (50G, TUBE)	5	5	0.0000
(DICLOFENAC POTASSIUM : 50 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	3	6	1.0800
(SERRAPEPTASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	3	6	0.0000
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	3	3	0.0000

Medicine	Dose	Duration	Quantity	Price
(ASCORBIC ACID (VITAMIN C) : 120 MG) (VITAMIN D : 400 IU) (VITAMIN E : 30 IU) (THIAMINE (VITAMIN B1) : 1.8 MG) (RIBOFLAVINE (VITAMIN B2) : 1.7 MG) (NIACIN (VITAMIN B3; NICOTINIC ACID) : 20 MG) (PYRIDOXINE (VITAMIN B6) : 2.6 MG) (FOLIC ACID : 800 MCG) (VITAMIN B12 : 8 MCG) (IRON (AS FERROUS FUMARATE) : 28 MG) (ZINC : 25 MG) (DHA (DOCOSAHEXAENOIC ACID) : 200 MG) TABLET + SOFTGEL	TABLET + SOFTGEL (30 + 30, PLASTIC BOTTLE)	30	30	0.0000