

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

Data.	25 111	I-2025
Date.	/ 7-1 U	トノロノコ

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1972-6585952-6 Card Holder's Name: MONIA BEN NEJMA EP ALIJABI Age:52Y - 7M - 15D Sex:Female

Card Holder's Tel No: Mobile No: 0501465907
Ins Card No: 1038-010-118639628-01 Valid Upto: 1/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Tunisian



company namen we start	adia Network Employee No		
Clinical Details: Signs & Symptoms: RISK F	Temp36.6 OR FALL	B.P.120	Pulse. 72
Date of Onset Illness :	J	○ Emergency ○ W	ork related O New visit O Follow up visit
Diagnosis: N77.1 - Vaginit N39.0 - Urinary tract infec	- · · · · · · · · · · · · · · · · · · ·	- ·	al uterine and vaginal bleeding, unspecified,
Management plan (Serv	ices inside the clinic including ir	jections and investigations)	
10, Consultation Specialis	t , General Consultation,81005,	URINALYSIS , Lab	
Doctor's Name: MOHAM	IMED M HAMED	signature with seal:	Dr. Mohammed M Hamed Hashish Specialist Obstetrics And Gynecology DHA No: 75385955-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.
Diagnostic Procedures ref	erred outside:		
mentioned examination/Ir person who has provided medical services and copie	nvestigation/therapy is given to	me by the doctor. I hereby author h any and all information with reg	n my behalf and I confirm that the above- rize any Clinic, Physician, Pharmacy or any othe gard to any medical history, medical condition, o
Date 25-Jul-2025			

Pharmaceuticals (to be filled by treating doctor only)

That had a state of the action							
Medicine	Dose	Duration	Quantity	Price			
(NITROFURANTOIN : 100 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (20S, BOX)	10	20	0.7300			
(CEPHALEXIN : 500 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (20S, BLISTER PACK)	5	10	0.0000			