



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: 21-Aug-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1972-6585952-6

Card Holder's Name: MONIA BEN NEJMA EP ALIJABI Age: 52Y - 8M - 11D Sex: Female

Card Holder's Tel No: Mobile No: 0501465907

Ins Card No: I038-010-118639628-01 Valid Upto: 1/9/2025

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



Clinical Details: Temp 36.4 B.P. 120 Pulse. 70

Signs & Symptoms: RISK FOR FALL

Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R07.0 - Pain in throat, M79.10 - Myalgia, unspecified site, E8 Dehydration, E61.1 - Iron deficiency

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy, 96375, TX/F NEW DRUG ADDON , Co.Pay, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 96372, THER/PROPH/DI , Co.Pay, 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy, 0439-15290 LACTATED RINGERS INJECTION USP , Pharmacy, 96360, HYDRATION IV INFUSION IN General Consultation

Doctor's Name: AISHA

signature with seal:

Dr. Aisha U
Physician- General P
DHA- 40131439
CITICARE MEDICA
DUBAI - U.A.E

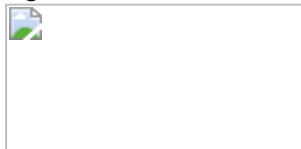
Diagnostic Procedures referred outside:

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 21-Aug-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(FOLIC ACID : 0.35 MG) (IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX) : 100 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	30	1