

**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: 10-Feb-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1981-6496879-8

Card Holder's Name: NISHANTHI PUSHPA KUMARI

Age: 43Y - 11M -

Sex: Female

Name: WELLAGE

15D

Card Holder's Tel No:

Mobile No:

0557160220

Ins Card No: I005-010-116223024-01

Valid Upto: 30/9/2025

Company: FMC Standard

Employee

Nationality: Sri

Name: Network

No:

Lankan



Clinical Details:

Temp 36.5

B.P. 150

Pulse: 76

Signs & Symptoms: risk of fall

Date of Onset Illness :

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

Diagnosis: M25.542 - Pain in joints of left hand, R21 - Rash and other nonspecific skin eruption, K29.00 - Acute gastritis without bleeding, M05.822 - Oth rheumatoid arthritis w rheumatoid factor of left elbow

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

0005-149902-1021, CLOFEN , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay, 9, Consultation Gp , General Consultation

Doctor's Name: DR Amaizah

signature with seal:

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
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 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 10-Feb-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (200S, BLISTER PACK)	3	3	0.0000
(CELECOXIB : 200 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (10S, BLISTER)	3	6	0.0000
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	10	10	0.0000