



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

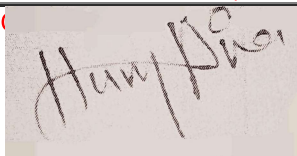
Medical Expenses Claim form

Date: 16-Jul-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1992-7264758-9
 Card Holder's Name: Mohamed Abdelhamin Ahmed Age: 27Y - OM - 1D Sex: Male
 Card Holder's Tel No: Mobile No: 0561522879
 Ins Card No: I038-010-116928154-01 Valid Upto: 22/3/2025
 Company Name: FMC Standard Network Employee No: _____ Nationality: Egyptian



Clinical Details:	Temp 36.7	B.P. 111	Pulse. 80
Signs & Symptoms: risk for fall			
Date of Onset Illness :		☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit	
Diagnosis: R50.9 - Fever, unspecified, J06.9 - Acute upper respiratory infection, unspecified, R09.81 - Nasal congestion, R05 - Cough, K29.00 - Acute gastritis without bleeding			

Management plan (Services inside the clinic including injections and investigations)	
0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy, 9, Consultation Gp , General Consultation, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay, 0006-402803-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 94640, AIRWAY INHALATION TREATMENT , (	
Doctor's Name: Humaira	signature with seal:  Dr. Humaira Mumtaz General Practitioner DHA No: 54155530-002 CITICARE MEDICAL CENTER LLC 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 16-Jul-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	1	0.0000
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5	0.0000
(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	7	0.0000
(ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (28S, BLISTER)	7	7	0.0000
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	10	0.0000
(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE)	1	1	0.0000