

## 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

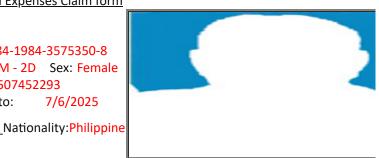
Medical Expenses Claim form

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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1984-3575350-8
Card Holder's Name: CARLA CASAS REBUSE Age: 39Y - 9M - 2D Sex: Female

Card Holder's Tel No: Mobile No: 0507452293
Ins Card No: 1019-010-115341049-01 Valid Upto: 7/6/2025

Company FMC Standard Employee Name: Network No:



Clinical Details:	Temp <mark>36.6</mark>	B.P. <b>114</b>	Pulse. <mark>92</mark>
Signs & Symptoms: RIS	K FOR FALL		

Date of Onset Illness: 

© Emergency © Work related © New visit © Follow up Diagnosis: R50.9 - Fever, unspecified, J03.90 - Acute tonsillitis, unspecified, R05 - Cough, K29.00 - Acute gastritis without bleeding.

Acute upper respiratory infection, unspecified

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

0195-107704-0801, CEFTRIAXONE-TABUK IV, Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR, Co.Pay,9, Consultation Gp, General Consultation

Consultation of , deficial consultation

Han/ Kino,

Dr. Humaira Mumta General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.

Doctor's Name: Humaira 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 abore mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical cor medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 30-Jul-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14

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