Date: 22-Aug-2024



## 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

Clinic Name: CITICARE	MEDICAL CENTER LLC	Emirates: 784-198	80-8988062-3	
Card Holder's Name:	RATTANEE PANATEE	Age: 44Y - 0M - 4D	Sex: Female	
Card Holder's Tel No:	Mobile I	No: 050622	3810	
Ins Card No: 1017-0	010-120072719-01		7/11/2024	
Company Name: FMC Standard Network Employee No:		Nationality: Thai		



Clinical Details:	Temp <mark>36.5</mark>	B.P.114	Pulse. <b>78</b>
Signs & Symptoms: RISK	FOR FALL		
Date of Onset Illness:		O Emergency O W	/ork related O New visit O Follo
Diagnosis: R50.9 - Fever,	unspecified, J06.9 - Acute uppe	r respiratory infection, unspecified,	R05 - Cough, K13.0 - Diseases of li

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

 ${\sf 0195\text{-}107704\text{-}0801}$ , CEFTRIAXONE-TABUK IV , Pharmacy, ${\sf 96365}$ , IV INFUSION THERAPY/PROPHYLAXIS /DX  ${\sf 1ST}$  TO  ${\sf 1}$  HR , Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPEN NEBULIZATION, Pharmacy,94640, AIRWAY INHALATION TREATMENT, Co.Pay,9, Co

signature with seal:

Dr. Humaira M General Practiti DHA No: 541555 CITICARE MEDICAL C

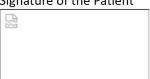
Diagnostic Procedures referred outside:

Doctor's Name: Humaira

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 medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 22-Aug-2024



Pharmaceuticals (to be filled by treating doctor only)

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

1 of 2 8/22/2024, 1:46 PM

Medicine	Dose	Duration	Quan
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	14
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) GASTRO-RESISTANT TABLETS	GASTRO-RESISTANT TABLETS (14S, BLISTER)	7	14
(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE)	1	1
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12

2 of 2