

ANNEXURE V

FMCNETWORKUAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-565691

			Medical Expenses Claim form	<u>1</u>	
Date: 07-Sep-20 Clinic Name: C Card Holder's Name: Card Holder's Te Ins Card No: Company Name:	ITICARE MEDICAL C SYED OSAMA A UDDIN	LEEM SYED ALEEM Mobile No:	irates: 784-1990-9839587-6 Age: 12D 0581083282 Valid Upto: 24/8/2025Nationality:Pakistar		
Clinical Details:		Temp <mark>37.1</mark>	B.P. 119	Pul	lse. <mark>94</mark>
Date of Onset II		iratory infection, u	Emergency	√ ○ Work related ○ N aryngitis [common cold	
	Gp , General Consu		ng injections and investigations	06	Dr. Ahsan Hussain General Practitioner DHA No: 87543658-001
Doctor's Name	e: AHSAN HUSSAIN		signature with seal:		CITICARE MEDICAL CENTER DUBAI - U.A.E.
Diagnostic Proc	edures referred out	side:			
mentioned examperson who has	nination/Investigati provided medical s s and copies of all m Signature of th	on/therapy is giver ervices to me to funedical and Clinic re	y to file a claim for medical servento me by the doctor. I hereby urnish any and all information wecords.	authorize any Clinic, Ph	ysician, Pharmacy or a
Pharmaceuticals	s (to be filled by tre	ating doctor only)			

Medicine

CETIRIZINE HCL

Quantity

5

Dose

Tablet

Duration

5

Medicine	Dose	Duration	Quantity
(PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	14
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14
(ADHATODA VASICA: 112.5 MG/10ML) (TULSI (OCIMUM SANCTUM): 90MG/10ML) (SOLANUM XANTHOCARPUM: 90MG/10ML) (TERMINALIA BELLIRICA EXTRACT: 52.5 MG/10ML) (HEDYCHIUM SPICATUM: 37.5 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT: 22.5 MG/10ML) (PIPER LONGUM: 22.5 MG/10ML) SYRUP	SYRUP (200ML, BOTTLE)	7	14