

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

D-+	11 0 -	p-2024
DATE:	14-50	n- ////

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-6429521-3 Card Holder's Name: ZOHAIB RIAZ AHMAD RIAZ Age: 24Y - 3M - 20D Sex: Male

Card Holder's Tel No: 0509947281 Mobile No: Ins Card No: 1019-010-118236023-01 Valid Upto: 7/6/2025 Company Name: FMC Standard Network Employee No: Nationality: Pakistani



Dr. Ahsan Huss **General Practition** DHA No: 87543658 CITICARE MEDICAL CÉ DUBAI - U.A.E

Clinical Details:	Temp <mark>36.4</mark>	B.P. 115	Pulse. <mark>68</mark>
Signs & Symptoms: risk of fa	all		
Date of Onset Illness :		EmergencyWo	rk related O New visit O Follow
Diagnosis: J06.9 - Acute upp	er respiratory infection, un	specified, J00 - Acute nasopharyngitis	[common cold], R05 - Cough, R10
Epigastric pain			

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

9, Consultation Gp , General Consultation,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTIO INFUSION , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION INJECTION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96372, THER/PROPH/DIAG INJ SC

Co.Pay,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy

signature with seal:

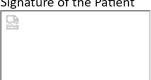
Doctor's Name: AHSAN HUSSAIN

Diagnostic Procedures referred outside:

l hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the a 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 14-Sep-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
CETIRIZINE HCL	Tablet	5	5

1 of 2 9/14/2024, 2:05 PM

Medicine	Dose	Duration	Quan
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14
(CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET	CAPLET-TABLET (30S, BLISTER)	7	14
(XYLOMETAZOLINE HYDROCHLORIDE : 0.05%) LIQUID FOR SPRAY (NASAL)	LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE)	7	1
(OXOMEMAZINE : 0.33 MG/ML) SYRUP	SYRUP (150ML, PLASTIC BOTTLE)	7	1

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