

## ANNEXURE V

## 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: 2	29-5	ep-2	2024
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-4547358-0 Age: 28Y - 0M - 7D Card Holder's Name: **DALAL BOUZIYANI** Sex: Female

Card Holder's Tel No: Mobile No: 0584286378 Ins Card No: 1019-010-119952255-01 Valid Upto: 7/6/2025

Company **FMC Standard** Employee

Nationality: Moroccan Name: Network No:



Clinical Details:	Temp <mark>36.6</mark>	B.P. <b>111</b>	Pulse. <mark>64</mark>
Signs & Symptoms: Risk o	f fall		
Date of Onset Illness :		○ Emergency ○ Wor	k related O New visit O Follo
Diagnosis: J06.9 - Acute u	pper respiratory infection, uns	specified, R50.9 - Fever, unspecified, F	19.7 - Diarrhea, unspecified, R1
Vomiting, unspecified, K2	9.00 - Acute gastritis without I	oleeding, R53.1 - Weakness	

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

96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy 122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE: 4 MG/ML) SOLUTION FOR INJECTION, Pharmacy, 149902-1021, CLOFEN, Pharmacy,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM): 40 MG) POWDER

INFUSION, Pharmacy,0005-150403-1021, PREMOSAN-(METOCLOPRAMIDE: 10 N 152902-1001, LACTATED RINGERS INJECTION USP, Pharmacy, 9, Consultation Gp, PUSH, Co.Pay

Doctor's Name: Enomen Goodluck signature with seal:

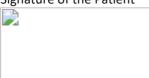
Dr. Enomen Good **General Practit** DHA No: 280408 CITICARE MEDICAL ( DUBAI - U.A

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 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, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 29-Sep-2024



## Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	20
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	4	16
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10

Medicine	Dose	Duration	Quan
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10
(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	1	2