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

Date: 19-Oct-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-1045903-3
Card Holder's Name: MEHDI TAZOUTI Age: 25Y - 1M - 3D Sex: Male
Card Holder's Tel No: Mobile No: +212678613731
Ins Card No: I019-010-120692323-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Moroccan

Clinical Details: Temp36.5 B.P.110 Pulse. 58
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J00 - Acute nasopharyngitis [common cold], R05 - Cough, J30.9 - rhinitis, unspecified, M54.5 - Low back pain

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

0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/M SOLUTION FOR INFUSION , Pharmacy,1393-135904-2441, (BUDESONIDE : 0.5 MG/2ML) SUSPENSION FOR NEBULIZATION , Pharmacy,94640, AIRWAY INHALATION TREATMENT , Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pa THER/PROPH/DIAG INJ SC/IM , Co.Pay,0125-122107-1022, DEXAMETHASONE SOD
Consultation

Doctor's Name: AHSAN HUSSAIN signature with seal:

Dr. Ahsan Hussain
General Practitioner
DHA No: 87543658-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E.

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 abo 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 co medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 19-Oct-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7

Medicine	Dose	Duration	Quantity
(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE)	7	1
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	10
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14