

**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: 01-Nov-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-8385436-1
Card Holder's Name: MUHAMMAD ISLAM KHAN DAD Age: 29Y - 7M - 18D Sex: Male
Card Holder's Tel No: Mobile No: 0556629295
Ins Card No: I005-010-119843963-01 Valid Upto: 30/9/2025
Company: FMC Standard Employee No: Nationality: Pakistani
Name: Network



Clinical Details: Temp 36.6 B.P. 110 Pulse: 68
Signs & Symptoms: risk of fall
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J00 - Acute nasopharyngitis [common cold], M54.5 - Low back pain, R05 - Cough, R10.13 - Epigastric pain, J30.9 - Allergic rhinitis, unspecified, G43.D0 - Abdominal migraine, not intractable

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

94640, AIRWAY INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy,9, Consultation Gp , General Consultation

Doctor's Name: AHSAN HUSSAIN

signature with seal:

**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 above-mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 01-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5	0.0000
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14	0.0000
(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14	0.0000
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP	SYRUP (200ML, BOTTLE	7	1	0.0000
(ACETYSALICYLIC ACID : 250 MG) (CAFFEINE : 65 MG) (PARACETAMOL : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, HDPE BOTTLE)	7	7	0.0000