

**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 - 8M - 3D 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 Nationality: Pakistani

Name: Network No:



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

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, M54.5 - Low back pain, R05 - Cough, R10.13 - Epigastric pain, J30 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

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

Doctor's Name: AHSAN HUSSAIN

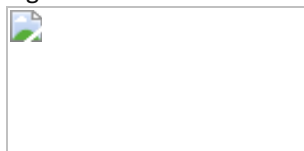
signature with seal:

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 a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, 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
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5

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