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: 784-1960-6959520-3
Card Holder's Name: ALFREDO DURATO PINEDA Age: 58Y - 1M - 20D Sex: Male
Card Holder's Tel No: Mobile No: 0547823567
Ins Card No: 457630B-3422469 Valid Upto: 20/5/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Philippine

Clinical Details: Temp37 B.P.135 Pulse. 90
Signs & Symptoms:
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: J20.9 - Acute bronchitis, unspecified, R06.02 - Shortness of breath, R09.81 - Nasal congestion, J06.9 - Acute upper r infection, unspecified, R05 - Cough, R06.2 - Wheezing, R07.9 - Chest pain, unspecified, R06.7 - Sneezing

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

9, Consultation Gp , General Consultation,94640, AIRWAY INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMICORT ,

Doctor's Name: AHSAN HUSSAIN signature with seal:

Dr. Ahsan Hus
General Practitio
DHA No: 8754365
CITICARE MEDICAL CE
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 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 01-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(MONTELUKAST (AS SODIUM : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK	30	30
(PREDNISOLONE (SODIUM PHOSPHATE) : 20.2 MG/5 ML) SOLUTION (ORAL)	SOLUTION (ORAL) (120ML, GLASS BOTTLE)	5	1
(PREDNISOLONE (SODIUM PHOSPHATE : 15MG/5ML SOLUTION	SOLUTION (120ML, BOTTLE	1	1

Medicine	Dose	Duration	Quantity
(FLUTICASONE PROPIONATE : 250 MCG/DOSE (SALMETEROL (AS XINAFOATE : 25 MCG/DOSE AEROSOL INHALER	AEROSOL INHALER (120 DOSE, CANISTER	30	1