

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: 06-Nov-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1984-8535747-3

Age: 39Y - 10M -Card Holder's **MOHAMED AASIM** Sex:Male

CHORWADWALA Name:

Card Holder's Tel No: Mobile No: 502104282 Ins Card No: 1019-010-116656179-01 Valid Upto: 7/6/2025 Company Name: FMC Standard Network Employee No: ______Nationality: Indian



| Clinical Details: | Temp <mark>36.4</mark> | B.P.113 | Pulse. 83 |
|--|------------------------|---------------------------------------|--|
| Signs & Symptoms: risk | of fall | | |
| Date of Onset Illness : | | ○ Emergency ○ Wo | rk related O New visit O Follow up visit |
| Diagnosis: J06.9 - Acute unspecified, M54.5 - Lo | | pecified, J00 - Acute nasopharyngitis | [common cold], J20.9 - Acute bronchitis, |
| | | | |

| Management plan (Services inside the clinic including | injections and investigations) | | |
|---|--------------------------------|----|--|
| 9, Consultation Gp , General Consultation | | | |
| | | | |
| | | | |
| | | 06 | Dr. Ahsan Hussain General Practitioner DHA No: 87543658-001 CITICARE MEDICAL CENTER LLC DUBAI • U.A.E. |
| Doctor's Name: AHSAN HUSSAIN | signature with seal: | | MOUNT STRIKE |
| | | | |

| 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 abovementioned 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 06-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) | 7 | 7 | 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 |