



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: 07-Nov-2024

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-2000-8884170-3

Card Holder's Name: AUNG KO KO

Age: 24Y - 0M - 9D Sex: Male

Card Holder's Tel No: +959954009721

Mobile No: 0522642679

Ins Card No: I005-010-119448898-01

Valid Upto: 30/9/2025

Company FMC Standard

Employee

Name: Network 3

No:

Nationality: Myanmar



Clinical Details:

Temp 37.8

B.P. 110

Pulse. 102

Signs & Symptoms: risk for fall

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow

Diagnosis: J20.9 - Acute bronchitis, unspecified, M79.10 - Myalgia, unspecified site, R50.9 - Fever, unspecified, E86.0 - Dehydration

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

96360, IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR , Co.Pay,0005-149902-1021, CLOFEN , Pharmacy,96372, THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM , Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,2191001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,9, Consultation Gp , General Consultation,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay

Doctor's Name: Enomen Goodluck

signature with seal:

Dr. Enomen Goodluck
General Practitioner
DHA No: 280408
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 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, medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 07-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (32S, BLISTER)	5	15
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	7	1
(DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	10	20

Medicine	Dose	Duration	Quantity
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	10	10
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	3	3