

## 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-Dec-2024	4
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-7314941-7

Card Holder's AARIF NIZAM MD
Name: NIZAMUDDIN

Age: 13D

Sex:Male

Card Holder's Tel No: Mobile No: 0558635120

Ins Card No: I019-010-116854774-01 Valid Upto: 7/6/2025

Company Name: FMC Standard Network Employee No: \_\_\_\_\_\_Nationality: Indian

ompany Name. Pivic Standard Network Employee No.\_\_\_\_\_\_Nationality. Indi



Clinical Details:	Temp36.4	B.P. <mark>110</mark>	Pulse. 72				
Signs & Symptoms: RISK	OF FALL						
Date of Onset Illness:		○ Emergency	○ Work related ○ New visit ○ Follo				
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J00 - Acute nasopharyngitis [common cold], J20.9 - Acute b							
unspecified M54.5 - Low back pain K21.9 - Gastro-esophageal reflux disease without esophagitis							

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETA MG/ML) SOLUTION FOR INFUSION , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Phan IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,01

2441, PULMICORT, Pharmacy,94640, AIRWAY INHALATION TREATMENT,

THER/PROPH/DIAG INJ IV PUSH, Co.Pay

Doctor's Name: AHSAN HUSSAIN signature with seal:

Dr. Ahsan Hus General Practitic DHA No: 8754365 CITICARE MEDICAL C DUBAI - U.A.

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 a 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 medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 07-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5
(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

Medicine	Dose	Duration	Quan
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP	SYRUP (200ML, BOTTLE	7	1