

ANNEXURE V

FMCNETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-565691

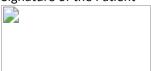
Medical Expenses Claim form

Date: 09-Dec- Clinic Name: Card Holder's Name:	CITICARE MEDICA	L CENTER LLC EN SI MUHAMMAD RUH	nirates: 784-1999- KHSAN Age: 25Y - 11 12D			
Card Holder's		Mobile No:	05691058			
Ins Card No:	1019-010-1181	.84565-01	Valid Upto:	7/6/2025		
Company Name:	FMC Standard Network	Employee No:	Nation	ality:P <mark>akista</mark> ni		
Clinical Detai		Temp37.8	В	.P.1214	Pı	ulse. <mark>85</mark>
Date of Onse	otoms: RISK OF FALL t Illness :		(Emergency	○ Work related ○	New visit O Follow up
"	6.9 - Acute upper re is without bleeding	espiratory infection,	unspecified, J30.9	Allergic rhini	tis, unspecified, R50.9	- Fever, unspecified, K
Manageme	nt plan (Services in	side the clinic includ	ing injections and i	nvestigations)		
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		the state of the s				CEFTRIAXONE-TABUK IV
					72, THER/PROPH/DIAG	G INJ SC/IM , Co.Pay,01
TREATMENT	· · · · · · · · · · · · · · · · · · ·	ESONIDE : 0.5 MG/N tion Gp , General Co	nsultation	OR NEBULIZ with seal:	Ham/ Piro	Dr. Humaira Mumta General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.
DOCTOL 2 IVA	ille. Hullialia		Signature	with Seal.		
Diagnostic Pr	ocedures referred o	outside:				

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the abore 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 cormedical services and copies of all medical and Clinic records.

Signature of the Patient

Date 09-Dec-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)	10	10

Medicine	Dose	Duration	Quantity
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	7
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	7	14