

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

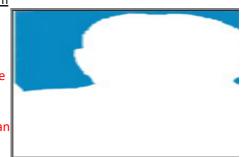
Date:	14-	Dec-	2024
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-4861315-7

Card Holder's Name: PETER GITAHI MBURU Age: 27Y - 2M - 20D Sex: Male Card Holder's Tel No: Mobile No: 0503382031

Ins Card No: 1005-010-119384583-01 Valid Upto: 30/9/2025

Ins Card No: I005-010-119384583-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: ______Nationality: Kenyan



Clinical Details:	Temp <mark>38</mark>	B.P.133	Pulse. <mark>98</mark>
Signs & Symptoms: risk of	fall		
Date of Onset Illness :		○ Emergency ○ Work	related O New visit O Follov
Diagnosis: J03.90 - Acute 1	tonsillitis, unspecified, J01.00	- Acute maxillary sinusitis, unspecified,	R50.9 - Fever, unspecified

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

96372, THER/PROPH/DIAG INJ SC/IM, Co.Pay,0005-149902-1021, CLOFEN, Pharmacy,0125-122107-1022, DEXAMETHASONE PHOSPHATE, Pharmacy,9, Consultation Gp, General Consultation



Dr. Enomen Good General Practit DHA No: 280408 CITICARE MEDICAL (DUBAI - U.A

Doctor's Name: Enomen Goodluck

signature with seal:

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 14-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	10	20
(IBUPROFEN : 400 MG TABLETS	TABLETS (24S, BLISTER PACK	4	12
(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	5

Medicine	Dose	Duration	Quan
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	5