

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: 27-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-5150491-6

Card Holder's Name: ALI KHAN SAR BULAND KHAN Age: 31Y - 0M - 2D Sex: Male Card Holder's Tel No: Mobile No: 0543953529

Ins Card No: I019-010-119489091-01 Valid Upto: 7/6/2025

Company FMC Standard Employee

Name: Network No: Nationality:Pakistani



Clinical Details:	Temp36.9	B.P.120	Pulse. 88
Cillical Details.	16111030.9	D.P.12U	Puise, oo

Signs & Symptoms: RISK FOR FALL

Date of Onset Illness :

© Emergency © Work related © New visit © Follow up

Diagnosis: J05.10 - Acute epiglottitis without obstruction, J30.9 - Allergic rhinitis, unspecified, R50.9 - Fever, unspecified, R05 - Cou

K29.00 - Acute gastritis without bleeding

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

0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy,94640, AIRWAY INHAL/ TREATMENT , Co.Pay,9, Consultation Gp , General Consultation



Dr. Sandia Bhojwa General Practitioner DHA No: 65900212-00 PESHAWAR MEDICAL CENT DUBAI - U.A.E.

Doctor's Name: SANDIA

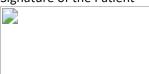
signature with seal:

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 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 27-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)	5	5

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
(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	1
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER)	7	14