Date: 29-Dec-2024

Card Holder's



ANNEXURE V

Madical Expanses Claim form

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 for	<u>11</u>
Emirates: 784-1982-5941713-1	
Age: 42Y - 11M - Sex:Mal	е

Name: ALI

Card Holder's Tel No: Mobile No:

Clinic Name: CITICARE MEDICAL CENTER LLC

0502443645 I019-010-117606895-02 Ins Card No: Valid Upto: 30/11/2025

RASHID HUSSAIN HUSSAIN

Company FMC Standard Employee Name: No: Network



Clinical Details:	Temp <mark>36</mark>	B.P.125	Pulse. 75
Signs & Symptoms: risk (of fall		
Date of Onset Illness:		○ Emergency	○ Work related ○ New visit ○ Follo
Diagnosis: J02.9 - Acute	pharyngitis, unspecified		

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

9, Consultation Gp, General Consultation

General Practi DHA No: 54155 CITICARE MEDICAL

Doctor's Name: Humaira 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 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 29-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(FLUCONAZOLE : 150 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (1S, BLISTER PACK	2	1
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	7	7
(CALCIUM : 400 MG (VITAMIN D3 : 200 IU (MAGNESIUM : 100 MG (ZINC : 4 MG TABLETS	TABLETS (30S, BOX	30	30

Medicine	Dose	Duration	Quanti
(TERBINAFINE (AS HCL : 1% CREAM	CREAM (15G, TUBE	5	1