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

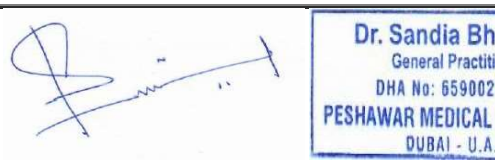
Date: 16-Jan-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1990-3628424-0
Card Holder's Name: SYED IMAD HUSSAIN SYED TAUHEED HUSSAIN GILLANI Age: 34Y - 7M - 2D Sex: Male
Card Holder's Tel No: Mobile No: 0559739296
Ins Card No: I005-010-120916689-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 36.5 B.P. 96 Pulse. 76
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: J02.9 - Acute pharyngitis, unspecified, J21.9 - Acute bronchiolitis, unspecified, J45.991 - Cough variant asthma

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 INH TREATMENT , Co.Pay,9, Consultation Gp , General Consultation

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 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 16-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CEFPODOXIME (AS PROXETIL : 200 MG FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER	3	3
(PREDNISOLONE : 5 MG TABLETS	TABLETS (20S, BLISTER PACK	5	5
(MONTELUKAST (AS SODIUM) : 4 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (28S, BLISTER PACK)	15	15
(BROMHEXINE HYDROCHLORIDE : 4 MG/5ML) SYRUP	SYRUP (100ML, BOTTLE)	7	14

Medicine	Dose	Duration	Quan
(OXOMEMAZINE : 0.33 MG/ML) SYRUP	SYRUP (150ML, PLASTIC BOTTLE)	7	14