

**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: 784-1972-6585952-6

Card Holder's Name: MONIA BEN NEJMA EP ALIJABI Age: 52Y - 1M - 6D Sex: Female

Card Holder's Tel No: Mobile No: 0501465907

Ins Card No: I038-010-118639628-01 Valid Upto: 1/9/2025

Company Name: FMC Standard Network Employee No: Nationality: Tunisian



Clinical Details: Temp 36.4 B.P. 100 Pulse. 68

Signs & Symptoms: risk of fall

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: J02.9 - Acute pharyngitis, unspecified, R05 - Cough

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

85027, COMPLETE CBC AUTOMATED , Lab, 0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULI
 Pharmacy, 94640, AIRWAY INHALATION TREATMENT , Co. Pay, 0005-149902-1022, (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION
 INJECTION , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co. Pay, 9, Consultation Gp , General Consultation

Doctor's Name: SANDIA

signature with seal:

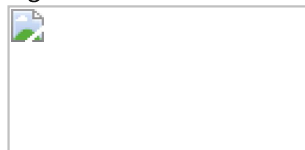
Dr. Sandia Bhojwa
 General Practitioner
 DHA No: 65900212-00
 PESHAWAR MEDICAL CENT
 DUBAI - U.A.E.

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 above 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 condition, 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	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7
(BROMHEXINE HYDROCHLORIDE : 4 MG/5ML) SYRUP	SYRUP (100ML, BOTTLE)	7	1

Medicine	Dose	Duration	Quantity
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	5	5
(TRIPROLIDINE : 0.25 MG/ML) (GUAIFENESIN : 20 MG/ML) (PSEUDOEPHEDRINE : 6 MG/ML) SYRUP	SYRUP (200ML, BOTTLE)	5	15