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: 21-Jan-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-9316020-6
Card Holder's Name: SOHAIL AHMED QAMAR ZAMAN Age: 30Y - 10M - 13D Sex: Male
Card Holder's Tel No: Mobile No: 0581478524
Ins Card No: I019-010-115341155-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 36.6 B.P. 150 Pulse. 108
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R05 - Cough, R50.9 - Fever, unspecified

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

9, Consultation Gp , General Consultation,0195-107704-0802, CEFTRIAXONE-TABUK IM-(CEFTRIAXONE : 1 G) POWDER FOR INJECT
Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen Goodluck
General Practitioner
DHA No: 28040827-00
CITICARE MEDICAL CENTE
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 abo 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 co medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 21-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

| Medicine | Dose | Duration | Quantity |
|---|---|---|---|
| (SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE HCL : 13.5 MG/5ML SYRUP | SYRUP (120ML, BOTTLE | 5 | 1 |

| Medicine | Dose | Duration | Quantity |
|---|---|---|---|
| (LORATADINE : 10 MG TABLETS | TABLETS (10S, BLISTER PACK | 5 | 10 |
| (PARACETAMOL : 500 MG) FILM COATED TABLETS | FILM COATED TABLETS (96S, BLISTER PACK) | 5 | 15 |
| (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, FOIL STRIP) | 5 | 10 |
| (DICLOFENAC SODIUM : 50 MG TABLETS | TABLETS (20S, BLISTER PACK | 5 | 10 |