



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 - 6D Sex: Male

Card Holder's Tel No: Mobile No: 0581478524

Ins Card No: I019-010-115341155-01 Valid Upto: 7/6/2025

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



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 visit
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 INJECTION , 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 Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
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 any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or 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	Price
(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	6.5000
(LORATADINE : 10 MG TABLETS	TABLETS (10S, BLISTER PACK	5	10	0.0000
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	5	15	0.0000
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.0000
(DICLOFENAC SODIUM : 50 MG TABLETS	TABLETS (20S, BLISTER PACK	5	10	1.1500