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: 22-Jan-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-7150306-1
Card Holder's Name: TANVEER AHMAD Age: 27Y - 0M - 21D Sex: Male
Card Holder's Tel No: Mobile No: 566919855
Ins Card No: I020-010-117415414-03 Valid Upto: 27/4/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Pakistani

Clinical Details: Temp36 B.P.116 Pulse. 68
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: J45.991 - Cough variant asthma, J20.9 - Acute bronchitis, unspecified, J43.9 - Emphysema, unspecified

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,9, Consultation Gp , General Consultation,94640, AIRWAY INHALATION TREATME Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,96372, THER/PRC INJ SC/IM , Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay

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 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 22-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CEFPODOXIME (AS PROXETIL : 200 MG TABLETS	TABLETS (15S, BLISTER PACK	5	5
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	7	7

Medicine	Dose	Duration	Quantity
(TRIPROLIDINE : 0.25 MG/ML) (GUAIFENESIN : 20 MG/ML) (PSEUDOEPHEDRINE : 6 MG/ML) SYRUP	SYRUP (200ML, BOTTLE)	7	21
(BROMHEXINE HYDROCHLORIDE : 4 MG/5ML) SYRUP	SYRUP (100ML, BOTTLE)	5	5
(MONTELUKAST (AS SODIUM : 10 MG TABLETS	TABLETS (30S, BLISTER	15	15