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: 25-Jan-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1983-6048039-0
Card Holder's Name: Atif Shakoor Muhammad Shakoor Age: 41Y - 7M - 27D Sex: Male
Card Holder's Tel No: Mobile No: 0558358453
Ins Card No: I019-010-113410094-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 36.4 B.P. 128 Pulse. 80
Signs & Symptoms: Risk of Fall
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J02.9 - Acute pharyngitis, unspecified, K29.00 - Acute gastritis without bleeding, R50.9 - Fever, unspecified

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,96360, HYDRATION IV INFUSION INIT , Co.Pay,0095-107701-0801, (CEFTRIAXONE : 1000 MG) POWDER FOR INJECTION , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,9, Consultation Gp , General Consultation,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy

Doctor's Name: DR Amaizah signature with seal:

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
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 25-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5	10	0.0000
(TOLPERISONE HCL : 150 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER	4	4	1.1300
(CELECOXIB : 200 MG CAPSULES	CAPSULES (30S, BLISTER PACK	3	3	0.0000
(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	2	4	0.0000
(ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) GASTRO-RESISTANT TABLETS	GASTRO-RESISTANT TABLETS (14S, BLISTER)	5	5	0.0000