

**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: 27-Jan-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-2521328-5

Card Holder's Name: NEETA HARIBHAI KHIMSURIYA HARIBHAI Age: 26Y - 4M - 9D Sex: Female

ANANDBHAI KHIMSURIYA

Card Holder's Tel No: Mobile No: 0568678104

Ins Card No: I005-010-121540611-01 Valid Upto: 30/9/2025

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



Clinical Details: Temp 36 B.P. 100 Pulse. 86

Signs & Symptoms: risk of 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)

85027, COMPLETE CBC AUTOMATED , Lab,94640, AIRWAY INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,0102-152 LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) SOLUTION FOR INFUSION , Pharmacy,9, Consultation Gp , General Consultat

Doctor's Name: DR Amaizah

signature with seal:

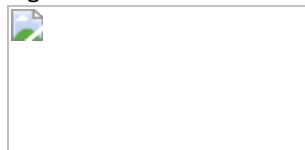
Dr. Amaizah Ishtia
 General Practitioner
 DHA: 98486553-001
 CITICARE MEDICAL CEN
 DUBAI - U.A.E

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 27-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	5	1

Medicine	Dose	Duration	Quantity
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5	10
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	5
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	10
(FOLIC ACID : 0.35 MG) (IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX) : 100 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	30	30
(LEVOMENTHOL : 7 MG) (EMBLICA OFFICINALIS : 10 MG) (GLYCYRRHIZA GLABRA : 15 MG) (ZINGIBER OFFICINALE : 10 MG) LOZENGES	LOZENGES (24S, BLISTER)	3	9