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: 11-Feb-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1991-7592492-9
Card Holder's Name: IBRAR AHMED MUHAMMED ARIF Age: 34Y - 1M - 8D Sex: Male
Card Holder's Tel No: Mobile No: 0527512552
Ins Card No: I019-010-119036228-01 Valid Upto: 31/1/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 36.3 B.P. 120 Pulse. 60
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, M54.5 - Low back pain, J30.9 - Allergic rhinitis, unspecified, E86.0 - Dehydration

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

0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

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 11-Feb-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	3	9	0.9000
(CEFPODOXIME (AS PROXETIL : 200 MG TABLETS	TABLETS (15S, BLISTER PACK	3	3	0.0000
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE	5	5	1.9600