Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ISLAM MAKRAM KAMEL MOUSTAFA**	**Service Date**	:**13-Feb-2025** **Network** : Green
Card No	: **I022-029-121363635-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **ISLAM MAKRAM KAMEL MOUSTAFA**	**Doctor's Name**	:**DR Amaizah**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **17-09-2024** To **16-09-2025**		
Gender	: **Male**		
Date Of Birth	: **12-Jul-1988**		
Patient's Tel No	: **0524126872**		

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : PC : SNEEZING , RUNNY NOSE ALTERNATING WITHBLOCKED NOSE WATERY EYES , FRONTOL HEADACHE ASSOCIATED WITH FEVER FOR 1 DAY O/E : HYPEREMIA OF PHARYNX CHEST: WHEEZING **Duration:**

Vitals: Temp : 36.6 Bp :120 Pulse :88 Resp :18

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J45.991 - Cough variant asthma,R50.9 - Fever, unspecified,J30.9 - Allergic rhinitis, unspecified,J01.40 - Acute pansinusitis, unspecified, **Date of Onset** :13/11/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0195-107704-0802, CEFTRIAXONE-TABUK IM,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost :**

Prescriptions: 0005-107101-0051 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 325 MG) CAPLETS,6705-602506-3851 - (HYDROXYPROPYLMETHYLCELLULOSE : 90 MG/ 30ML) NASAL SPRAY,0009-368802-1171 - (CEFPODOXIME (AS PROXETIL : 200 MG TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG FILM COATED TABLETS,0188-272103-1121 - (BUDESONIDE : 160 MCG (FORMOTEROL FUMARATE : 4.5 MCG SUSPENSION FOR INHALATION, **Estimated Cost :**

MEDICAL PRACTITIONER DECLARATION :

I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : DR Amaizah

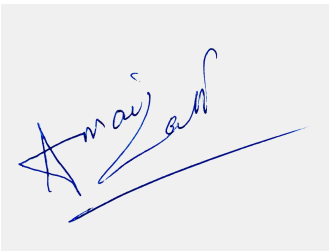
Stamp :

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

Patient 's signature{Parent : if minor}

Date : 13-Feb-2025

Signature :



Date : 13-Feb-2025