



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: 24-Feb-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-2002-5908779-7

Card Holder's Name: WAI YAN PHYOE

Age: 22Y - 8M - 12D Sex: Male

Card Holder's Tel No:

Mobile No: 507890723

Ins Card No: I005-010-121769263-01

Valid Upto: 30/9/2025

Company: FMC Standard

Employee

Name: Network

No:

Nationality: Myanmarese



Clinical Details:

Temp 37

B.P. 122

Pulse. 93

Signs & Symptoms:

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R52 - Pain, unspecified

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

0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION , Pharmacy,0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0005-149902-1021, CLOFEN , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96360, HYDRATION IV INFUSION INIT , Co.Pay,96374, THER/PROPH/DIAG IN Consultation,85027, COMPLETE CBC AUTOMATED , Lab

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Doctor's Name: Enomen Goodluck

signature with seal:

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, medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 24-Feb-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE HCL : 13.5 MG/5ML SYRUP	SYRUP (120ML, BOTTLE	5	15	0.000
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5	0.000
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.000
(CHLORPHENIRAMINE MALEATE : 2 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG TABLETS	TABLETS (24S, BLISTER PACK	5	15	0.540