

**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-Feb-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1981-5875732-2

Card Holder's Name: MUHAMMAD khurram AZIZ ABDUL AZIZ Age: 44Y - 1M - 12D Sex: Male

Card Holder's Tel No: Mobile No: 0521678612

Ins Card No: I005-010-119448912-01 Valid Upto: 30/9/2025

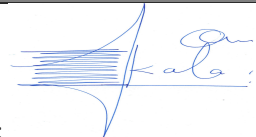
Company Name: FMC Standard Network Employee No: Nationality: Pakistani



Clinical Details:	Temp 36.4	B.P. 127	Pulse. 93
Signs & Symptoms:			
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis:	J06.9 - Acute upper respiratory infection, unspecified, R52 - Pain, unspecified, R53.1 - Weakness		

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 0005-149902-1021, CLOFEN , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy

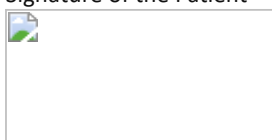
Doctor's Name: Enomen Goodluck	signature with seal:		Dr. Enomen Goodluck Ekata General Practitioner DHA No: 28040827-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.
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Diagnostic Procedures referred outside:

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 27-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)	7	7	0.0000
(MONTELUKAST (AS SODIUM : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER	7	7	0.0000
(CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	7	21	0.0000
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	7	7	0.0000