

## ANNEXURE V

## F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, **Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-5656** 

Medical Expenses Claim form

| Date: |  | 03-M | ar-2025 |
|-------|--|------|---------|
| ~1.   |  |      | 0       |

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1985-8106968-3 Card Holder's Name: MOHSEN ALI ASGHAR NASERI Age: 39Y - 6M - 12D Sex: Male

Card Holder's Tel No: Mobile No: 0508090199
Ins Card No: I011-010-116030849-01 Valid Upto: 19/9/2025
Company Name: FMC Standard Network Employee No: \_\_\_\_\_\_\_Nationality: Iranian



| Clinical Details:           | Temp <mark>36.6</mark>           | B.P. <b>140</b>                     | Pulse. <mark>70</mark>       |
|-----------------------------|----------------------------------|-------------------------------------|------------------------------|
| Signs & Symptoms: risk of   | fall                             |                                     |                              |
| Date of Onset Illness:      |                                  | $\bigcirc$ Emergency $\bigcirc$ W   | ork related O New visit C    |
| Diagnosis: J02.9 - Acute ph | naryngitis, unspecified, R05 - C | ough, R50.9 - Fever, unspecified, R | 53.1 - Weakness, J30.9 - All |
| unspecified, K29.00 - Acut  | e gastritis without bleeding     |                                     |                              |

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MCFOR INFUSION , Pharmacy,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTIC 135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy,96372, THER/PRC

Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHA Pharmacy,0195-107704-0801, CEFTRIAXONE-TABUK IV, Pharmacy,96365, IV INFUS Co.Pay,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P., Pharmacy,9464C Consultation Gp, General Consultation,96360, HYDRATION IV INFUSION INIT, Co.I Doctor's Name: Humaira

Harry Bron

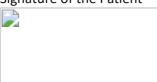
Dr. F Ge Dha Citicare

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 the mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Physician, who has provided medical services to me to furnish any and all information with regard to any medical history, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 03-Mar-2025



Pharmaceuticals (to be filled by treating doctor only)

| Medicine  | Dose                                    | Duration |
|---|---|----------|
| (AMOXICILLIN : 250 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, BLISTER PACK) | 7        |

| Medicine   | Dose                                     | Duration |
|--|--|----------|
| (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS                 | FILM COATED TABLETS (10S, BLISTER PACK)  | 3        |
| (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS            | CAPLETS (48S, BOX)                       | 5        |
| (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES | DELAYED RELEASE CAPSULES (30S, CONTAINER | 7        |
| (ACETYLCYSTEINE : 600 MG EFFERVESCENT TABLETS                | EFFERVESCENT TABLETS (10S, TUBE          | 5        |