

ANNEXURE V

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: 03-Mar-20	ノとこ)
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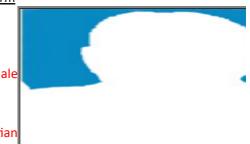
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1986-2764743-5

Card Holder's MOHAMED HASSAN MOHAMED

Age: 38Y - 8M Sex:Male Name: ABDELRAHMAN ELSAADANY

Card Holder's Tel No: 0523543663 Mobile No: Ins Card No: 1019-010-120233657-01 Valid Upto:

7/6/2025 Company Name: FMC Standard Network Employee No:___ ____Nationality:Egyptian



Clinical Details:	Temp <mark>36.8</mark>	B.P.117	Pulse. <mark>81</mark>
Signs & Symptoms:			
Date of Onset Illness :		○ Emergency ○ W	ork related O New visit O Follov
Diagnosis: J06.9 - Acute u	upper respiratory infection, unsp	pecified, R05 - Cough, R50.9 - Fever	r, 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, Pharma 152902-1001, LACTATED RINGERS INJECTION USP, Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR, (COMPLETE CBC AUTOMATED, Lab,0188-135906-2441, PULMICORT-(BUDESONIDE: 0.5 MG/ML) SUSPENSION FOR NEBULIZAT

Pharmacy, 94640, AIRWAY INHALATION TREATMENT, Co. Pay, 96374, THER/PROPH/ INFUSION INIT, Co.Pay,9, Consultation Gp, General Consultation

Doctor's Name: Enomen Goodluck

signature with seal:

Dr. Enomen Good **General Practit** DHA No: 280408 CITICARE MEDICAL (DUBAI - U.A

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica 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	Quan
(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)	7	1
(MONTELUKAST (AS SODIUM : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER	7	7
(AZITHROMYCIN: 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S,	7	7

Medicine	Dose	Duration	Quan
	BLISTER)		
(CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	7	21