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: 12-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-6152263-4
Card Holder's Name: KHAMIS YACOUT YOUSSEF ELNKITY Age: 29Y - 8M - 14D Sex: Male
Card Holder's Tel No: Mobile No: 0551328219
Ins Card No: I019-010-121885618-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No:_____ Nationality: Egyptian

Clinical Details: Temp 36.1 B.P. 131 Pulse. 79
Signs & Symptoms:
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: J45.991 - Cough variant asthma, R05 - Cough, J02.9 - Acute pharyngitis, unspecified

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

9, Consultation Gp , General Consultation,85027, COMPLETE CBC AUTOMATED , Lab,0195-107704-0801, CEFTRIAXONE-TABUK
Pharmacy,0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM I
Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96360, HYDRATION IV INFUSION INIT , Co.Pay

Doctor's Name: Humaira signature with seal:

Dr. Humaira Mu
General Practitio
DHA No: 5415553
CITICARE MEDICAL CE
DUBAI - U.A.E

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

Signature of the Patient

Date 12-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(MONTELUKAST (AS SODIUM : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER	7	7
(LORATADINE : 10 MG TABLETS	TABLETS (10S, BLISTER PACK	7	14
(PREDNISOLONE : 5 MG TABLETS	TABLETS (1000S, BLISTER PACK	7	7
(CLAVULANIC ACID : 31.25 MG/5ML) (AMOXICILLIN : 125 MG/5ML) POWDER FOR SUSPENSION	POWDER FOR SUSPENSION (100ML, GLASS BOTTLE)	7	14

Medicine	Dose	Duration	Quanti
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	7	1