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: 784-1995-5770127-5
Card Holder's Name: ALBIN ANTONY RAJU Age: 29Y - 3M - 5D Sex: Male
Card Holder's Tel No: Mobile No: 0569618957
Ins Card No: I019-010-118700760-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp38.5 B.P.139 Pulse. 103
Signs & Symptoms:
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow
Diagnosis: J03.90 - Acute tonsillitis, unspecified, R50.9 - Fever, unspecified, R05 - Cough, R09.81 - Nasal congestion, J30.9 - Aller unspecified

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

85027, COMPLETE CBC AUTOMATED , Lab,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTIC INFUSION , Pharmacy,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,0102-152902-1001, LACTATED RINGERS INJECTIC Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9 THER/PROPH/DIAG INJ IV PUSH , Co.Pay,96361, HYDRATE IV INFUSION ADD-ON , C

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

Doctor's Name: Humaira 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 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
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	7	7
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	7	21
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	7	14

Medicine	Dose	Duration	Quanti
(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
(DICLOFENAC SODIUM : 50 MG TABLETS	TABLETS (20S, BLISTER PACK	7	7