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: 13-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1981-2591068-1
Card Holder's Name: MOHAMMED ANWAR MOHAMMED ISMAIL TAMBOLI Age: 43Y - 6M - 17D Sex: Male
Card Holder's Tel No: Mobile No: 0553251280
Ins Card No: I005-010-120488192-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 37.1 B.P. 110 Pulse. 92
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R50.9 - Fever, unspecified, K29.00 - Acute gastrit bleeding

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

0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG SOLUTION FOR INFUSION , Pharmacy,0046-111801-0511, (CHLORPHENIRAMINE : 10 MG) INJECTION , Pharmacy,0125-122107- DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,94640, AIRWAY INHALATION TR Co.Pay,0188-135906-2441, PULMICORT , Pharmacy,0005-149902-1021, CLOFEN , P Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9, Co

Doctor's Name: DR Amaizah signature with seal:

Dr. Amaizah Isl
General Practitio
DHA: 98486553-(
CITICARE MEDICAL
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 13-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	7	14
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	5
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE	7	7

Medicine	Dose	Duration	Quanti
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	3	6
(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	5
(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (5ML X 20, SACHET)	7	1