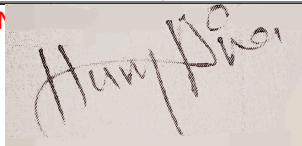


**ANNEXURE V****F M C NETWORK UAE**

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842
Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim formDate: **21-Mar-2025**Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-1993-3451947-9**Card Holder's Name: **MOHSIN ALI FALAK SHER** Age: **32Y - 2M - 20D** Sex: **Male**Card Holder's Tel No: Mobile No: **0527413187**Ins Card No: **QIC-P2420002048-8-24-667** Valid Upto: **16/8/2025**Company: **FMC Standard** EmployeeName: **Network** No: Nationality: **Pakistani**

Clinical Details:	Temp	B.P.	Pulse.
Signs & Symptoms:			
Date of Onset Illness :		☐ Emergency ☐ Work related ☐ New visit ☐ Follow	
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R52 - Pain, unspecified, R03.1 - Nonspecific low pressure reading, E86.0 - Dehydration			

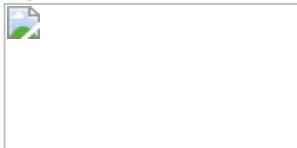
Management plan (Services inside the clinic including injections and investigations)	
0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1st Co.Pay,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,0188-135906-2441, PULMICORT , Pharmacy,9, Consultation Gp , General Consultation,94640, AIRWAY INHALATION TREATMENT , Co.Pay,96360, HYDRATION	
Doctor's Name: Humaira	signature with seal: 

Dr. Humaira Mu
General Practitioner
DHA No: 54155531
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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or person 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 **21-Mar-2025**

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(LORATADINE : 10 MG TABLETS	TABLETS (10S, BLISTER PACK	5	10
(AZITHROMYCIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	10
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	5	15
(DICLOFENAC SODIUM : 50 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10

