



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: 23-Mar-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1997-4198505-7

Card Holder's Name: RUSTINI MASDUKI DAIH

Age: 27Y - 5M - 4D Sex: Female

Card Holder's Tel No:

Mobile No: 0507282016

Ins Card No: I005-010-121874578-01

Valid Upto: 30/9/2025

Company FMC Standard

Employee

Name: Network

No:

Nationality: Indonesian



Clinical Details:

Temp 36.7

B.P. 102

Pulse. 79

Signs & Symptoms:

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R03.1 - Nonspecific low blood-pressure reading in throat, E86.0 - Dehydration

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

85027, COMPLETE CBC AUTOMATED , Lab, 0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 0195-107704-01, CEFTRIAXONE-TABUK IV , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 96361, HYDRATE ADD-ON , Co.Pay, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 H Consultation Gp , General Consultation

Doctor's Name: Humaira

signature with seal:

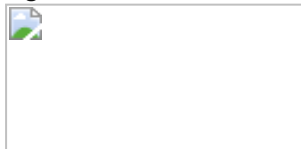
Dr. Humaira M
General Practitioner
DHA No: 541555
CITICARE MEDICAL I
DUBAI - U.A.E

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 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 23-Mar-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	1
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10
(AZITHROMYCIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	5

Medicine	Dose	Duration	Quantity
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	5	15