



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: 24-Mar-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1985-4874694-4

Card Holder's Name: SADAF NADEEM NADEEM YOUSAF Age: 40Y - 1M - 4D Sex: Female

Card Holder's Tel No: Mobile No: 0508946099

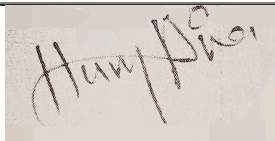
Ins Card No: I017-010-121098524-01 Valid Upto: 31/5/2025

Company FMC Standard Employee No: Nationality: Pakistani



Clinical Details:	Temp 38	B.P. 144	Pulse. 117
Signs & Symptoms:			
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis:	J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R09.81 - Nasal congestion, R52 - Pain, unspecified		

Management plan (Services inside the clinic including injections and investigations)
0188-135906-2441, PULMICORT , Pharmacy, 94640, AIRWAY INHALATION TREATMENT , Co.Pay, 9, Consultation Gp , General Consultation

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

Signature of the Patient

Date 24-Mar-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10	0.0000
(AZITHROMYCIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	10	0.0000
(CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	5	15	0.0000
(DICLOFENAC SODIUM : 50 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10	1.1500