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: 03-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-3336758-0
Card Holder's Name: SHABRAZ MUHAMMAD AKRAM Age: 30Y - 5M - 23D Sex: Male
Card Holder's Tel No: Mobile No: 0569223735
Ins Card No: I019-010-118093063-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 36.9 B.P. 130 Pulse. 82
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J03.80 - Acute tonsillitis due to other specified organisms, J02.9 - Acute pharyngitis, unspecified, R05 - Cough, R50.9 - Fever, unspecified

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

0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,0046-111801-0511, (CHLORPHENIRAMINE : 10 MG) INJECTION , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,94640, AIRWAY INHALATION TREATMENT , Co.Pay,0006-402803-2071, VENTOLIN NEBULES , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,96372, THER/PROPH/DIAG IN THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9, Consultation Gp , General Con

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Doctor's Name: DR Amaizah 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 03-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)