



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: 04-Apr-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1981-5875732-2

Card Holder's Name: MUHAMMAD khurram AZIZ ABDUL AZIZ Age: 44Y - 2M - 20D Sex: Male

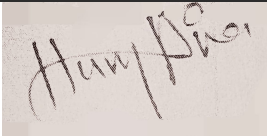
Card Holder's Tel No: Mobile No: 0521678612

Ins Card No: I005-010-119448912-01 Valid Upto: 30/9/2025

Company Name: FMC Standard Network Employee No: Nationality: Pakistani



Clinical Details:	Temp 36.3	B.P. 115	Pulse. 88
Signs & Symptoms:	fall of risk		
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R52 - Pain, unspecified			

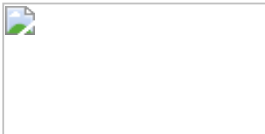
Management plan (Services inside the clinic including injections and investigations)	
85027, COMPLETE CBC AUTOMATED , Lab, 0188-135906-2441, PULMICORT , Pharmacy, 0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 0125-122107-1022, DEXAMETHASONE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

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
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 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 04-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.0000