

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: 2	24-Ap	pr-202!	5
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1987-1085432-8

Age: 37Y - 5M -Card Holder's MOHAMMED SOHEL MOHAMMED Sex:Male

MOUIN UDDIN Name: 30D

Card Holder's Tel No: Mobile No: 0551608906 Ins Card No: 1005-010-122181988-01 Valid Upto: 30/9/2025

Company FMC Standard **Employee**

Name: Network No:



Clinical Details: Temp36.1 B.P.155 Pulse. 84

Signs & Symptoms: RISK OF FALL

Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follow up visit

Diagnosis: J02.9 - Acute pharyngitis, unspecified, R09.81 - Nasal congestion, R51.9 - Headache, unspecified, I10 - Essential (primary)

hypertension

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy,94640,

AIRWAY INHALATION TREATMENT , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , (



Dr. Aisha Umer Physician- General Practitioner DHA- 40131439-002 CITICARE MEDICAL CENTER DUBAI - U.A.E

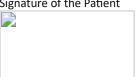
Doctor's Name: AISHA signature with seal:

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 abovementioned 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-Apr-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	6	0.0000
(IBUPROFEN : 200 MG) (PSEUDOEPHEDRINE : 30 MG) COATED TABLETS	COATED TABLETS (20S, BLISTER PACK)	5	10	0.0000
(BECLOMETHASONE DDIPROPIONATE : 50 MCG) NASAL AEROSOL SPRAY	NASAL AEROSOL SPRAY (200 DOSES (10ML), UNIT)	5	10	0.0000
(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	5	10	0.0000