

**ANNEXURE V****F M C NETWORK UAE**

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842  
 Email – [approval@fmchealthcare.ae](mailto:approval@fmchealthcare.ae) Helpline Number: 600-565691

Medical Expenses Claim form

Date: 27-Apr-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-1011890-7

Card Holder's Name: SANTOSH THAPA BIR BAHADUR Age: 24Y - 11M - 20D Sex: Male

Card Holder's Tel No: Mobile No: 0562109483

Ins Card No: I005-010-119655333-01 Valid Upto: 30/9/2025

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



|                                                                                                                                                                               |                                                                                                                                          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| Clinical Details:                                                                                                                                                             | Temp 37.2                                                                                                                                | B.P. 138 | Pulse. 78 |
| Signs & Symptoms:                                                                                                                                                             | risk for fall                                                                                                                            |          |           |
| Date of Onset Illness :                                                                                                                                                       | <input type="radio"/> Emergency <input type="radio"/> Work related <input type="radio"/> New visit <input type="radio"/> Follow up visit |          |           |
| Diagnosis: J02.9 - Acute pharyngitis, unspecified, J30.9 - Allergic rhinitis, unspecified, R52 - Pain, unspecified, J03.90 - Acute tonsillitis, unspecified, R06.2 - Wheezing |                                                                                                                                          |          |           |

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

85027, COMPLETE CBC AUTOMATED , Lab,94640, AIRWAY INHALATION TREATMENT , Co.Pay,0006-402803-2071, VENTOLIN NEBULES , Pharmacy,9, Consultation Gp , General Consultation

Doctor's Name: DR Amaizah

signature with seal:

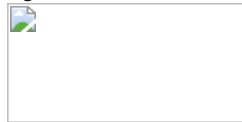
**Dr. Amaizah Ishtiaq**  
 General Practitioner  
 DHA: 98486553-001  
 CITICARE MEDICAL CENTER  
 DUBAI - U.A.E

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 27-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) | 5        | 5        | 0.0000 |
| (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, FOIL STRIP)   | 5        | 10       | 0.0000 |
| (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP                     | SYRUP (200ML, BOTTLE)                   | 7        | 1        | 0.0000 |