

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: 27-Apr-2025						
Clinic Name:	CITICARE MEDICAL CENTER LLC	Emirates:	784-1981-5875732-2			

Age: 12D MUHAMMAD khurram AZIZ ABDUL 44Y - 3M -Sex:Male

Card Holder's Name:

Card Holder's Tel No: Mobile No: 0521678612 30/9/2025 1005-010-119448912-01 Valid Upto:

Ins Card No: **FMC Standard** Company Employee

Name: Network No:



Clinical Details:	Temp <mark>36.6</mark>	B.P.111	Pulse. <mark>75</mark>	
Signs & Symptoms: fall o	f risk			
Date of Onset Illness:		○ Emergency ○ Wo	ork related O New visit O Follow up visit	
Diagnosis: J30.9 - Allergio	rhinitis, unspecified, J33.9 - N	asal polyp, unspecified, J34.2 - Devia	ted nasal septum, R09.81 - Nasal congestic	on,
R06.2 - Wheezing				

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

0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy,94640, AIRWAY INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION Pharmacy,85027, COMPLETE CBC AUTOMATED, Lab,9, Consultation Gp, General Consultation,96372, THER/PROPH/DIAG INJ SC/IM

Co.Pay

Doctor's Name: DR Amaizah signature with seal:

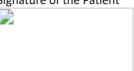
Dr. Amaizah Ishtiag General Practitioner DHA: 98486553-001 CITICARE MEDICAL CENTER DUBAI - U.A.E

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 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, c 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
(MOMETASONE FUROATE : 50 MCG) NASAL SPRAY PUMP	NASAL SPRAY PUMP (120 DOSE, METERED DOSE INHALER)	7	1	0.0000
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	7	0.0000
(BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	3	6	0.0000